Exact statement of OCCUPA.

FOR BINDING	S IS A PERMANENT	stated EXACTL	properly classified.	certificate.
ARGIN RESERVED FOR BINDING	N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT	mation should be carefully supplied. AGE should be stated EXACTL	CAUSE OF DEATH in plain terms, so that it may be properly classified.	TION is very important. See instructions on back of certificate.
	N. BWRITE PLA	mation should	CAUSE OF D	TION is very

STATE OF MARYLAND—	CERTIFICATE OF DEATH 01951
1. PLACE OF DEATH	940
County Thuonico	Registration Dist. No. 333
Village or City. Salishury	No. 4/2 ander are st 13 ward
Length of residence in city or town where death occurred 33 yrs mos	death occurred in a horpital or institution, give its NAME instead of street and number)
2. FULL NAME Merrillo about	
(a) Residence: No. 4/2 Canda une	St. 13 Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write) the word)	21. DATE OF DEATH Selv. 9 193 4
5a. If married, widowed or divorced HUSBAND of	(Month) (May) (Year)
(or) WIFE of les ingot.	HEREBY CERTIFY, That I mendad deceased from
6. DATE OF BIRTH (month, day, and year) Jeh. 9.1854	I last saw h. Line alive on Held R 1934; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 6.15 Am.
80 V 1 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
R Trade profession or particular	Oate of onset
SAWYER, BOOKKEEPER, etc	Ungua le mas yet 634
work was done, as SILK MILL, SAW MILL, BANK, etc.	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and /93 / spent in this year) occupation occupation.	
12. BIRTHPLACE (city or town) Multiple (State or country)	Other Contributory Causes of Importance:
13. NAME Helliam Mason which	
	Name of operation Date of
(State or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Chyakesh Bounds	23. If death was due to extarnal causes (VIOLENCE) fill In also the following:
16. BIRTHPLACE (city or low) Multiple (State or country)	Accident, suicide, or homicide? Date of injury, 19
17. INFORMANT Edit 9. assist,	Where did injury occur?(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
(Address) Alle Auly, M. 18. BURIAL, CREMATION, OR REMOVAL	
Place Falls Lung, nd. Date V/11/34 19	Manner of injuryNature of injury
19. UNDERTAKER THE SKILL & STANSON CO.	24. Was disease or injury in any way related to occupation of deceased?
20. FILED Feb. 11, 1934 L. May Junes	(Signed)
Registrar. If more blanks are needed, address State Registrar.	(Address)
The state of the s	The Court of the C

V. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example 1		Example II	
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Arteriosclerosis	1915	Attack of epilepsy	1 wcek ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

St., War	d		
MEDI		sident give city or town	
21. DATE OF D		ATE OF DEATH	1
	(Month)	(Day)	193 // (Year)
22. / I HE	REBY CERT	1 F Y That 1 attend	fed deceesed f
My	, 1934., to	7.00-16	, 19.3
I last sawh the a			4; death is
to have occurred on the	e date stated above, at		1
The PRINCIPAL CAUS were as follows:	E OF DEATH and related	causes of Importance	1
Chrome	morea	rdilis	Date of or
			3-8003
Other Contributory Can			
		6/hart	fen 2
Henri J	ilahin	Date o	
Herrita J	Nahna	Date o	n eu'opsy?
Name of operation	Mahnu- agnosis? external causes (VIOLEN	Date o Was there a	in eu'opsy?
Name of operation	egnosis?external causes (VIOLEN	Date of injury	in eu'opsy? /ing:
Name of operation What test confirmed dia 23. If death was due to e Accident, suicide, or ho Where did injury occur	agnosis? external causes (VIOLEN micide?	Date o Was there a CE) fill in also the follow	in eu'opsy? /ing:
Name of operation What test confirmed dia 23. If death was due to e Accident, suicide, or ho Where did injury occur	agnosis? external causes (VIOLEN micide?	Date of injury	in eu'opsy? /ing:
Name of operation What test confirmed dia 23. If death was due to e Accident, suicide, or ho Where did injury occur	agnosis? external causes (VIOLEN micide?	Date o Was there a CE) fill in also the follow	in eu'opsy? /ing:

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DIDENU V G			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

PHYSICIANS should state

stated EXACTLY. properly classified.

TION is very important. See instructions on back of certificate.

mation should be carefully supplied. AGE should be CAUSE OF DEATH in plain terms, so that it may

Exact statement of OCCUPA-

1. PLACE OF DEATH County X X MAN	Con :	(a) Pagistration District	1904
Village or City Salas	Jell, mar	Registration Dist. No. No. 201 State death occurred in a horpital or institution, give its NAME instead of excet and	Ward
Length of residence in city or town where de		ds. How long in U.S. if of foreign birth?	
"Z. FULL NAME BOOKY	Barco	2 in	
(a) Residence: No.	(Usual place of abode)	Ward. If nonresident give city or town an	d State
PERSONAL AND STATISTIC	AL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OF RACE	S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day)	, 193 (Year)
5a. If marriad, widowed, or divorcad HUSBAND of	V	22. I HEREBY CERTIFY. That I attended	
(or) WIFE of		22. HEREBY CERT!FY, That I attended	
6. DATE OF BIRTH (month, day, end year)	Fel. 25-, 1934	f last saw h, 19	
7. AGE Years Months	Days If LESS than 1 day,	to have occurred on the data stated above, at L. 45 A.m. The PRINCIPAL GAUSE OF DEATH and releted causes of Importance were as follows:	Date of onset
8. Trada, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, atc.	-	Suy wan	Date of ones
Kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, atc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Data daceased lest worked at		Mundin	
10. Data daceased lest worked at this occupation (month and year)	11. Total tima (yaars) spant in this occupation		
12. BIRTHPLACE (city or town)	•	Dther Coutributory Causes of Importance:	
	in will		
13. NAME Survey 14. BIRTHPLACE (city or town)	2,	Name of operation Date of	
(State or country)		What tast confirmed diagnosis? Was there an	
15. MAIDEN NAME S 16. BIRTHPLACE (city or town) (State or apunity)	on Banegay	23. If death was due to external causes (VIOLENCE) fill in also the followin	ig:
[16. BIRTHPLACE (city or town)	1	Accident, suicide, or homicide? Dete of injury	, 19
≥ (State or eountry)	70-21:1-0.	Where did injury occur? (Specify city or town, county and Sta	ate)
17. INFORMANT Salistin	y, Wid.	Specify whather injury occurred in INDÚSTRY, in HOME, or in PÚBLIC P	LACE.
18. BURIAL, CREMATION, DR REMOVAL Place Cosule fremuse	Coale Inch 2,1934	Mannar of injury	
19. UNDERTAKER Sarguely	Dexon facting	24. Wes disease or injury in eny way related to occupation of daceased?	
20. FILED Meh 2, 1934	Enay Junier	If so, specify (Signed)	M. 0.
	Registrar.	(Addrass) Sal	m

STATE OF MARYLAND-CERTIFICATE OF DEATH

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Other contributory causes of importance:	Samuel Control	Other contributory causes of importance:	· · ·	
Gallstones	May 1,1923	Gastroenteritis	1 year	

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	[3]
EV.	Registration Dist. No. 33
ear,	No. St., Ward
where death occurred yrs	If death occurred in a hospital or institution, give its NAME instead of street and number) Sds. How long in U.S. If of foreign birth?yrsmosds,
Seria O. 16	2.
D 710	
(Usual place of abode)	St., Ward. If nonresident give city or town and State
TISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Lef. 28 1934
married	(Month) (Day) (Year)
e c. alkins	22. I HEREBY CERTIFY that I attended deceased from
Sun. 17 1611	Tlast saw have elive on Tell 7 death is said
nths Days If LESS than	Clast saw have elive on Table 18 , 18 4; death is said to have occurred on the date stated above, at 2.30 P.m.
2 1 1 day,hrs.	
ormin.	were es follows: Data of oneat
ER, Farmer	- Manny My yearshote,
	I mesteriles
.,	
11. Total time (years) spant in this occupation	
	Other Coatribatory Causes of importance:
Tangland	Anne Coma 2da
delkin	Drume Comma 2 dy
9 70,007,00	Name of annualis
anyland	Name of operation Date of
19610mm	What test confirmed diagnosis?
- Harris	23. If death was due to external couses (VIOLENCE) fill in also the following:
angland.	Accident, suicide, or homicide? Date of injury, 19 Where did injury occur?
hill out	(Specify city or town, county and State)
12 7 D 3	Specify whether injury occurred in INDÚSTRY, in HOME, or in PUBLIC PLACE.
Saleshyng Ind.	Manner of injury
Date 11/2 194	Nature of injury
8. March	24. Was disease or injury in eny way related to occupation of deceased?
- Leil	If so, specify
Marack de	(Signed) 110 mg M.D.
Registrar.	(Address) Tarlane Tul.
	2411 N. Charles Street, Balismore, Requesting U. S. No. 1.

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BUREAU V.S.	4.0		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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18. BURIAL, CREMATION, OR REMOVAL

19. UNDERTAKER

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STATE OF MARYLAND-CERTIFICATE OF DEATH 1. PLACE OF DEATH Registration Dist. No. Village or City (If death occurred in a hospital or institution, give its NAME instead of street and number) _mos.____ds. How long in U.S. if of foreign birth?______yrs._____mos.____ds. Length of residence in city or town where deeth occurred.... (a) Residence: No. (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. 21. DATE OF DEATH OR DIVORCED (write the word) where (Month) (Oay) (Year) 5a. If married, widowed, or divorced HUSBANO of C ERTIFY Thet I attended deceesed from (or) WIFE of 6. DATE OF BIRTH (month, dev. end year) 7. AGE Months Days If LESS then to have occurred on the date stated above, et. 1 dey, ____ hrs. The PRINCIPAL CAUSE OF DEATH end releted ceuses of Importence or ____ min. Date of onset 8. Trede, profession, or perticuler kind of work done, es SPINNER, OCCUPATION SAWYER, BOOKKEEPER, etc 9. Industry or business in which work was done, as SILK MILL SAW MILL, BANK, etc 10. Oate deceased lest worked at 11. Totel time (years) this occupetion (month and spent In this occupetion __ 12. BIRTHPLACE (city or town) (State or country) FATHER 14. BIRTHPLACE (city or town) Neme of operation (State or country) What test confirmed diegnosis?_ Was there en autopsy?____ MOTHER 15. MAIOEN NAME 23. If deeth wes due to externel ceuses (VIOLENCE) fill in also the following: Accident, suicide, or homicide?_ 16. BIRTHPLACE (city or town) (Stete or country) Where did injury occur?___ (Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE (Address)

Manner of injury

Neture of injury_.

24. Wes diseese or Injury in any year selected to occupation of deceesed

If so, specify ____

Registrar.

(Signed)

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BUDPAU V S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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BURRALLY	į.		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1 œ.

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	STATE OF MARYLAND—	CERTIFICATE OF DEATH 01957
1	L PLACE OF DEATH	12
	County Wilcomica,	Registration Dist. No. 333
	Village or City Ballsvyyy	No. St., 3 Ward
		f death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long In U.S. if of foreign birth?yrsmosds.
:	2. FULL NAME Samuel I grown	
	(a) Residence: Np. 109 Cashel Sh (Usual place of abode)	St., 5 Ward. If nonresident give city or town and State
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3.	SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Feb // 193 4
_	If mstriod, widowed, or divorced	(Month) (Doy) (Yoar)
Ja.	HUSBAND of (or) WIFE of 100	22. Feb. HEREBY CERTIFY. That I attended deceased from
6.	DATE OF BIRTH (month, day, and year) 1888	I last saw h war alive on Feb 11 1934; doath is said
	AGE Yoars Months Days If LESS than	to have occurred on the dote stated above, at 3 P.m.
	4 6 I day,hrs.	The PRINCIPAL CAUSE OF DEATH and rolated causes of importance wore os follows:
NOI	R. Trade, profession, or porticular kind of work dono, as SPINNER, SAWYER, BDDKKEEPER, etc.	Date of onset
OCCUPATION	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	Julisculoses of the lungs to
000	10. Dato deceased last worked at this occupation (month and yoer)	
	Sale Production	Other Contributary Causes of Importance:
12.	BIRTHPLACE (city or town) / Daler-levely (State or country)	None
ER	13. NAME of when Paran	
FATHER	14. BIRTHPLACE (city or town) salialing	Name of oporation Dete of
F	(State or country)	What test confirmed diagnosis? Was there on autopsy?
ER.	15. MAIDEN NAME PRIESE BARRET	23. If death was due to externel causes (VIDL ENCE) fill in also the following:
MOTHER	16. BIRTHPLACE (city or town) Solenbury	Accident, suicide, or homicide? Date of injury 19
×	(State or country)	Where did injury occur?
17.	INFORMANT alice Parsons (Addross) & ale Parsons	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18	BURIAL, CREMATION, OR REMOVAL	Manner of Injury
	Place Hamlon Clan Date of the 14, 1934	
19	UNDERTAKER AS A Sleven	24. Was disease or Injury In any way roloted to occupation of deceased?
20.	FILED TEL 14, 19 34 - Inday hurses Registrar.	(Signod) Ally bury, Mad M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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STATE OF MARYLAND—CERTIFICATE OF DEATH

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Ballimore, Requesting U. S. No. 1.

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Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
BUREAU V S				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

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7. S. No. 1

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ADDITIONAL SP.	ACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-N. B.—WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-TION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

V. S. No. 1

3. 5a

STATE OF MARYLAND	CERTIFICATE OF DEATH 01960
1. PLACE OF DEATH	(Right)
County Wicory ICO	Registration Dist. No. 83/
Village or City Rolls a walk w	No. St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos.	
2. FULL NAME Told bugene Gullor	uu
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX A. COLOR OR RACE, OR DIVORCED (write the word)	21. DATE OF DEATH Tilluay (Month) (Day) (Year)
5a. If merried, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY. That I attended deceased from
G. A. W.	tieb. 9 hi 1934, 10 tieb. 16 hi 19 34
6. DATE OF BIRTH (month, day, and year) Felruay 9 1934	last saw h wir alive on # eb. 16 hr 1934; death is said
7. AGE Years Months Days If LESS than 1 day, hrs.	to have occurred on the date stated above, at . 6 . 3 . Pm.
7 1 day, hrs. or	The PRINCIPAL CAUSE OF DEATH and releted causes of importance were as follows:
8. Trade, profession, or particular kind of work done as SPINNER.	
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.	Gregeri hal delality
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month end	devenus reonatorine
TO Date deceased last worked at 11 Total time (years)	
o this occupation (month end year) spant in this occupation	
12. BIRTHPLACE (city or town) Rocka uselle in mo.	Other Coutributory Causes of importance:
12. BIRTHPLACE (city or town) A CUR a Walle III - MO' (State or country)	
13. NAME Only Robert Coullvier	
I no la la la la	Name of operation Date of
14. BIRTHPLACE (city or town) 2200	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Legal & Lingle Horoes	
I Day	23. If death wes due to external causes (VIOL ENCE) fill in also the following: Accident, suicide, or homicide?
State or country)	Where did injury occur?
Africat (De and	(Specify city or town, county and State)
17. INFORMANT TO ULL NOTH CONTROL (Address) Rock a walk sie my	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place mardela Spring Bete Feb 17 , 1934	Nature of Injury
19. UNDERTAKER CLAS OF WINE!	24. Wes disease or injury in eny way related to occupation of deceased?
20. FILED Feb 17 , 193 4 mis fin Zhaolas. Registrar.	(Gigined) William Emrich M.D. (Address) Helron-md.
If more blanks are needed, address State Registrar.	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

ANGIN NESENVED FOR BINDING	B.—WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANEN	mation should be carefully supplied. AGE should be stated EXACTL	CAUSE OF DEATH in plain terms, so that it may be properly classified.
TO A VICE	INK-THI	d bluods E	t it may be
ANGEL IN	INFADING	pplied. AGI	erms, so tha
	Y, WITH U	carefully su	'H in plain t
	E PLAINL	should be	E OF DEAT
	B.—WRIT	mation	CAUSI

Exact statement of OCCUPA-

STATE OF MARYLAND-	-CERTIFICATE OF DEATH 01961
1. PLACE OF DEATH	log of
County///come	Registration Dist. No. 333
Village or City Salisting Med	No. 1. S. Hospital St. 13 Ward
	(If death occurred in a hospital or institution, give its NAME instead of street and number)
() A Ba D	nosds. How long in U.S. It of foreign birth?yrsmosds.
2. FULL NAME Whie M, Wars	2 Co. 0. 1
(a) Residence: No Salushing Mg M.O. H.	By St., O Ward law / Vango, Ma
(Usualplace of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give of or town and State MEDICAL CERTIFICATE OF DEATH
	21. DATE OF DEATH 1.
3. SEY 4. COLOR OR MACE 5. SINGLE, MARRIED, WIDOWED, OR HARRIED (while the word)	Tel. 27, 1934
Sa. If married, widowed, or divorted	(Month) (Day) (Mear)
HUSBARD of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
Vogote c. nowy.	- Tal. 2 4 ,1934, to tal 27 ,1934
6. DATE OF BIRTH (month, pay, and year) Lung. 23-1/90	I last saw h alive on 7 2 2 1, 19 34; death is said
7. AGE Years Months Days If LESS than 1 day,	
26 6 4 1 day,hi	The PRINCIPAL CAUSE OF DEATH and related causes of Importanca were as follows:
kind of work done, as SPINNER.	p f
	- Manour - Junion
9. Industry or businass in which work was dona, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased is worked at 11. Total time (years) this compliance of the same of the sa	
11. Total time (years) this population in this	
Spent in this	
12. BIRTHPLACE (city or town) Hangs.	Other Contributory Canses of importance:
12. BIRTHPLACE (city or town) Manys. (State or country) 13. NAME 14. State or country) 15. State or country) 16. State or country) 17. State or country)	
I 13. NAME Henry S. JParker	
2 4 14. BIRTHPLACE (city or town) // //ango-	Name of operation Date of
(State of Country)	What test confirmed diagnosis?
E IS. MAIDEN NAME With Min	23. If death was due to external causes (VIOLENCE) fill In also the following:
1 16. BIRTHPLACE (city or town)	Accidant, suicide, or homicide? Date of Injury, 19
Stata or country)	Whera did injury occur? (Specify city or town, county and State)
	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Addrass) // D-#4 Malingray ma	,
18. BURIAL, CREMOTION, OR REMOVAL Place flangs un Date Mar. 1, 19	Manner of Injury
79410	Nature of Injury
19. UNDERTAKER SHILLOWAY & Co.	24. Was disaase or Injury In any way related to occupation of deceased?
(Address) Saluting & Maylane	If so, specify
20. FILED Meh 1, 1937 J. May June	(Signed) M.D.
Registrar.	ar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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of OCCUPA-

V. S. No. 1 B

STATE	OF	MARYLAND-CERTIFICATE	OF	DEATH	
FATH					

1. PLACE OF DEATH	<u></u>
County Willemich	Registration Dist. No. 337
	ND. St., Ward If death occurred in a horpital or institution, give its NAME instead of street and number)
1. 6. 6. 6.	sds. How long In U.S. if of foreIgn birth?yrsmosds
2. FULL NAME Alle For fishield	
(a) Residence: No. Alstinuille (Manuel of a bode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (wine the word) **TIMALL** **TIMALL	21. DATE OF DEATH (Month) (Day) (Year)
6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Month Mashield	22. I HEREBY CERTIFY, That I attended decased from
6. DATE OF BIRTH (month, day, and year) Jume 2 PTh. 1884	I last saw h aliva on
7. AGE Years Months Days It'LESS than	to have occurred on the date stated above, atm_
# 7 29 1 day,hrs	The PRINCIPAL CAUSE OF DEATH and ralated causas of Importance
S. Trada, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, atc	Date of onset
SAWYER, BOOKKEEPER, atc	[sommon o]
9. Industry or businass In which work was done, as SILK MILL, SAW MILL, BANK, atc	- A - A - A - A - A - A - A - A - A - A
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, atc. 9. Industry or businass In which work was done, as SILK MILL, SAW MILL, BANK, atc 10. Data deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation 3. Occupation	Scornack
12. BIRTHPLACE (city or town) fulstaryille (State or country)	Dthar Contributory Causes of Importance:
13. NAME William Winder	
13. NAME William Winder 14. BIRTHPLACE (city or town)	Name of oparation Data of
(State of Country)	What test confirmed diagnosis? Was there an au'opsy?
15. MAIDEN NAME Sarrah Annel & aghicles 16. BIRTHPLACE (city or town) - Hellerwisse	23. If death was due to axternal causes (VIOL ENCE) fill In also tha following:
16. BIRTHPLACE (city or town)	Accident, suicida, or homicide? Data of Injury, 19
(Stata or country)	Where did injury occur? (Specify city or town, county and State)
(7. INFORMANT ASSAULT ASSAULT (Address)	Spacify whether Injury occurred In INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place of Islande Date Her 19, 193	
19. UNDERTAKER WAR LEGILLER TYPENS.	24. Was disaasa or injury in any way related to occupation of dacaased?
10. FILED TIM. 29 1934 ON Wool for Wall	(Signad) D. alle Jully , M. D

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUDEAU V. 5.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1. year

1. PLACE OF DEATH

CEO	County Willowillo	Registration Dist. No.
sho f	Village or City Quantila Md	No
0		death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long In U.S. if of foreign birth?
AN		
	2. FULL NAME James of Dashell	
	(a) Residence: Not. (Usual place of abode)	St., Ward. If nonresident give city or town and State
TH UNFADING INK—THIS IS A PERMANENT RECORD. Every item ly supplied. AGE should be stated EXACTLY. PHYSICIANS should lain terms, so that it may be properly classified. Exact statement of Ose instructions on back of certificate.	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
H	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (verife the word) Marilal	21. DATE OF DEATH TETURAL (Month) (Day) (Ye
NO.N	5a. If merriod, widowed, or divorced HUSBAND of (or) WIFE of prantis Washeld	22. I HEREBY CERTIFY. That I ettanded deceasa
E X C C te.	6. DATE OF, BIRTH (month, day, end year)	I last saw h alive on, 19; daath
IS A P stated properly ertifical	7. AGE Yafts 9 Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, et_1,m. The PRINCIPAL CAUSE OF DEATH and related causes of importence ware as follows:
HIS be be of	Z Trade, profassion/or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.	afteriorderoris,
INE sh t it	kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc 10. Date daceased last worked et this occupation (month and yaar)/0-1-1-1-1-1	Chrocic Myorawakh
DII.	12. BIRTHPLACE (city or toward Lands) (State or country)	Other Centributery Causes of importance:
NF/ plie rms nsti	13. NAME lepastes Woolseld	
Usup n te	14. BIRTHPLACE (city or town). Account to	Name of operation Date of
TO	(Stata or country) 92rd	What test confirmed diagnosis? Was there an autopsy?
INLY, W be carefu EATH in important	15. MAIDEN NAME Mary Dashell 16. BIRTHPLACE (city or town). Amarile ca. (Stata or country) 17. INFORMANT Elizabeth Punkett (Address)	23. If death wes due to externel ceuses (VIOLENCE) fill in also the following: Accidant, suicide, or homicide?
FE Sh	18. BURIAL, CREMATION, OR REMOVAL Place III Diag Wenn Find Date JUL 2 2 , 1934	Manner of injury
r. B.—WR mati CAU	19. UNDERTAKER Jas 71 Stewart (Address) Salveling Malle 20. FILED Jet 22, 1934 Mrs XM Walle	24. Was disease or injury In any way ralated to occupation of deceased? If so, spacify (Signad) Welliceut Jufflell
- D B		1/0/00

(Yeer)

Date of onset

vrs. mos. ds.

FY. That I ettanded deceased from

Date of ----- Was there an autopsy?-----

__ Data of Injury______, 19_____

(Address) - Hellan -

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

STATE OF MARYLAND-CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN	
Jaw Mels care several unever ago, called in	
after death. no doctor aftending during the time	_
I last attended lines.	

V. S. No. 1

1. PLACE OF DEATH	OERTHICATE OF BEATH 111964
County Viconico	Registration Dist. No. 333
Village or City Mean Salishing My. 2	Man This Million
	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or lown where death occurredyrsmos	How long In U.S. if of foreign birth?yrsmosds.
2. FULL NAME altert Warr	
(a) Residence: No. P.D-#3 Seafed Del	St Ward.
(Usua clace of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. STATE OF RACE S. SINGLE, MARRIED, WIDOWED, OR BYORCED (wind the word)	21. DATE OF DEATH Flet. 7 (Month) (Day) (Peet)
5e. If merried, widowed, or divorced	(Month) (Day) (Meer)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
/ may 1 1601	, 19, 19, 19, 19, 19, 19, 19, 19, 19, 19, 19
6. DATE OF BIRTH (month, day, end year) May 6, 1706	I last saw h alive on, 19; death is said
7. AGE Yeers Months Jays If LESS than 1 day,hrs.	to have occurred on the date stated eleve, according to the PRINCIPAL CAUSE OF DEATH and related causes of importance
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	were es follows:
Trade, profession, or particular kind of work done, es SPINNER,	tractined Shull-munal
SAWYER, BOOKKEEPER, etc.	mysmu blead whenformed
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	antomobilearrident
U 10. Date deceased lest worked at	nv mamat
this occupation (month and 1934 Capacitishis year)	
Man Anon Will.	Other Coutributory Causes of Importence:
12. BIRTHPLACE (city or town)	
13. NAME Rolet Mais.	
I Me Dan 9/1/	Manager of the state of the sta
(State or country)	Name of operation Date of
15. MAIDEN NAME /Mana / Dans.	What test confirmed diagnosis?
E new Dan - 941/1	23. If deeth was due to external causes (VIOLENCE) fill in also the following:
O 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homiside? Assichmt Date of injury 2/17 1934. Where did injury occur? 3 mill from Sulinlay human Co.
Wan 1 man	(Specify city or town, county and State)
17. INFORMANY	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL GEMATION OR REMOVALO	Parholis Highman Salinban . mardela road.
Place Foodland less. Nels Feb. 19,34	Manner of injury matasaura - com ante True alima
and south to	Neture of injury 7 a actioned should - internal anymer
19. UNDERTAKER IN Janon Votens	24. Was diseese or injury in any way related to occupation of deceesed?
(Address) Statut Del	If so, specify Signed Signed
20. FILED Seles 1, 1937 V. May Junes	(organization of the state of t
Registrar.	(Address) Server Baltimare Requesting 7) & No.

STATE OF MARYLAND—CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	B	Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
1000000			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

	-CERTIFICATE OF DEATH
1. PLACE OF DEATH	(E2-L)
County Micomies:	Registration Dist. N
Village or City Willards md.	No.
Length of rasidence in city or town where death occurred 7/yrs	(If death occurred in a horpital or institution, give its NAME instead
2. FULL NAME LOTENTO History Dennis	
(a) Residence: No. Hillards:	St., Ward.
(Usual place of abode)	If nonresident give cit
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF
Male 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
5a. If married, widowed, or divorced HUSBAND of	22. 1 HEREBY CERTIEY, Th
(or) WIFE of Gertrude Baker	10 au 10 1984 10 72
DATE OF BIRTH (month, day, and year) Sept 11tt 1863	Wasysaw h annaliva on John/ O
AGE Years Months Days If LESS than	to have occurred on the data stated above, at 1.30 Q m
71 4 29 1day,hr	S. The PRINCIPAL CAUSE OF DEATH and related causes of Imwera as follows:
8. Trade, profession, or particular kind of work done, as SPINNER,	
SAWYER, BOOKKEEPER, etc S. LENNING	Heroplegia
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	Chlerinobles
10. Data deceased last worked at 11. Total tima (years) 2	
this occupation (month and 1932 spant in this year) May and 1932 occupation.	2_
2. BIRTHPLACE (city or town) Willards '	Other Contributory Causes of importanca:
(State or country) md	
13. NAME Benfamen Dennis	
14. BIRTHPLACE (city of town) Willauda	Nama of operation
(State or country) md	What test confirmed diagnosis?
15. MAIDEN NAME Amelia Dengels.	23. If death was dua to external causes (VIOLENCE) fill in also
16. BIRTHPLACE (city or town) Gittavelle!	Accident, suicide, or homicida? Dato of
(State or country) md,	Where did injury occur? (Specify city or town, c
7. INFORMANT MUS Laura Secult.	Specify whether injury occurred in INDUSTRY, in HOME, or
8. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Descrit Comotag Data Feb 12th, 1924	- Nature of injury
9. UNDERTAKER W.M. Thoward Wills	24. Was disease or injury in any way ralated to occupation of
(Address) Pillsinle: Md.	If so, specify
FILED Feb 11 1934 Fillian P. Davis	(Signed) Secules 75 / 3
o, richery of the state of the	··· Xalid

01965

	(82 d.)	Registration Dist. N	. 33:	7 ,
		Registration Dist. N	0, -0	
ČIÉ.	death occurred in a horpital or instit	ution give its NAME instant	St.,	Ward
105	29 ds. How long in U.S. if	of foreign birth?	rs. me	osds.
h _				
	St., Ward.			
		If nonresident give city		State
		ERTIFICATE OF	DEATH	
	21. DATE OF DEATH	2,1		.,
		(Month) (D	O Dia	(Year)
/		Y CERTIEY, Tha	t I attended o	leceased from
	1	1984,10 12-	0-10	19 34
_	Last saw h aliva on aliva on		_	; death is said
	to have occurred on the data stat			
S.	Tha PRINCIPAL CAUSE OF DEA	TH and related causes of Im	portance	
_				Date of onset
	Skeeples	re		2/1/34
	Chiler to	nes		1026
				1929
)		*******************		
_				
	Other Contributory Causes of imp	ortanca:		
	Nama of operation		Data of	
-	What test confirmed diagnosis?	V	Vas there an ai	u'opsy?
	23. If death was dua to external ca	uses (VIOLENCE) fill in also	the following:	
	Accident, suicide, or homicida?	Date of I	njury	, 19
	Where did injury occur?			
	Specify whether injury occurred i	(Specify city or town, coin INDUSTRY, in HOME, or I	n PUBLIC PLA	CE.
	Manner of Injury			
4	Nature of injury			
	24. Was disease or injury in any v	vay ralated to occupation of	deceased?	
_	If so, specify	2 - 7 12		
1	(Signed)	0000	- cu	M. D.
	(Address)	Jary Kuy	ug.	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Balsimore, Requesting U. S. No. 1

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Example II Example I The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis Attack of epilepsy 1915 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago THE UNITED AND Cerebral hemorrhage Julu 5.1927 Peritonitis 3 days ggo PERDEALEST C Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

STEE

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	01966
County Vicomics	Registration Dist. No. 333
Village or City Ob A Salisbury	No. Jen Gen Kospilal St. 13 Ward
/ (II	death occurred in a hospital or institution, give its NAME instead of street and number)
m. and 19	
2. FULL NAME /// Drakeall frost Donau	vay
(a) Residence: No. (Usual place of abode)	St. Ward.
PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
male Mite. OR DIVORCED (write the word)	Tell 10, 1934
5a. If married, widowed, or divorced	(Month) (Day) (Yeel)
HUSBAND of Emma Whitett + I da Richets	22. HEREBY CERTIFY, That I attended deceased from
1 15, 1812	1084 to 7 20 13, 1934
7. AGE Years Months Days If LESS than	I last saw h
7 2 1 day,hrs.	to have occurred on the date stated above, at 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.
Trade profession or particular	were as follows: Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked et this occupation (month and	Jamilles a
9. Industry or business in which	Premary Change Renknown.
work was done, as SILK MILL, Mone,	Cues
Spairt in this Care	
year) wow 200-1923 occupation If	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) Theologyalle (State or country)	An Premose and Color
	(new a jo
I I I I I I I I I I I I I I I I I I I	
14. BIRTHPLACE (city or town) Mealingarlle 1 (State or country)	Name of operation Date of
	What test confirmed diagnosis? Was there on au'opsy?
点	23. If death was due to external causes (VIOL ENCE) fill in elso the following:
16. BIRTHPLACE (city or town) Mulaleyralle ' (State or country) 2nd	Accident, suicide, or homicide?
and a Bak	(Specify city or town, county and State)
(Address) Littable ma	Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Betteel Demetery. Date Falt /5th, 1934	Nature of injury
19. UNDERTAKER Windsonward Hells.	24. Was disease or injury In any way related to occupation of deceased?
(Address) Gillarile; md,	If so, specify
20. FILED Fel. 14 1934 & May June.	(Signed) M. D. M. D.
Registrar.	(Address) Sulsaling Lift,
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I		frample II	
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Chronic interstitial nephritis	1921.	Run over by street car	1 week ago
Cercbral hemorrhage	July 5, 1927	Peritonitis	3 days ago
13 / EAU V. 25	-		
Other contributory causes of importance:	Bn.	Other contributory eauses of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		Control of State Control of the Cont	

certificate

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important.

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Filed

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1PLACE OF DEATH ,	STATE OF MARYLAND
County Viconico	© CERTIFICATE OF DEATH
County	121
hell I was Mis	Registration Dist. No. 1292
Village or City Will Val J Wa (No.	St.: Ward) (If death occurred in a hospital or institu-
Still FULL NAME Sylaur of Starriet	tion, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
M. 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED OR DIVORCED OR DIVORCE	16 DATE OF DEATH Felwary 16 , 192
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
February 16 934	
(Month) (Day) (Yesr)	that I last saw halive on, 192,
7 AGE Still Born If LESS than I day hrs. or min.?	and that death occurred on the date stated above, at
8 OCCUPATION (a) Trade, profession or particular kind of work	at 6 months
(b) General nature of industry business, or establishment in which employed or (employer)	(Durstion)yssds.
9 BIRTHPLACE (State or country) Salisbury, Md,	Contributory Secondary (Durstion) yrs
10 NAME OF FATHER Richard Hard	(Signed). M. D.
11 BIRTHPLACE OF FATHER (State or country) Maryland	*State the Disease Causing Death, or in deaths from Vlolent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of Mother Harrett Ellis	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)	At place of death
(Informant) Pichard Hard (action	if not at place of death? Former or tayal residence
(Address) Salisbury, Mod !-	Labeside Cerr 16, 1934

ADDRESS

If more bienks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S/No. 1.

20 UNDERTAKER

(Approved by U. S. Census and American Public Health Association.)

en at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write Nonc. tired 6 yrs). business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealto report specifically the occupations of persons en-Foreman, For many occupations a single word or term on or At Home, and children, not gainfully em-Farm laborer, Laborer-Coal minc, etc. Womwithout more precise specification as Day For persons who have no occupation (b) Automobile factory. The material The ques-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospiral fever (the only definite synonym is "Epidemic cerebrospiral meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," diseases resulting from childbirth or miscarriage as "PUERPERAL perilonitis," etc. stated unless important. accident; Revolver wound of head-homicide; Poisoned by "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease Whooping use of "Tumor" for malignant neoplasms); (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of American Medical Association.) approved by Committee on Nomenclature telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway train or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all causing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-Recommendations on statement of cause of death Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY cough; Chronic Example: Measles (disease etc. valvular heart disease; The contributory Measles ;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

	OF MARYLAND—	CERTIFICATE OF DEATH 019	68
1. PLACE OF DEATH		82-2)	ククク
County M. C.A.V.	nico	Registration Dist. No.	200
Village or City	Jakishung ma	No. 6 Delaware St., f death occurred in a hospital or institution, give its NAME instead of street and nu	T. Wi
Length of residence In city or town where	111		
2. FULL NAME Ma	Elington Un	tarlew	
(a) Residence: No. 6/5 Delawase St. Salis		bust, 9 Ward.	
PERSONAL AND STATIST	(Usual place of abode)	If nonresident give city or town and S MEDICAL CERTIFICATE OF DEATH	tate
3. SEX 4. COLOR QR RACE	5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH A	-1
male colored	OR DIVORCED (write the word)	leb- 10	193
ia. If married, widowed, or, divorced HUSBAND of	11,4,500	(Day)	(Tear)
(or) WHE of Ext. Farl	law	22. HEREBY CERTIFY, That I attended do	ceased f
6. DATE OF BIRTH (month, day, and year)	1. 16 1888	I last saw has alive on Dela 9, 1934;	death is
7. AGE Yaars Months	Oays If LESS than	to have occurred on the date stated above, at 10 A m.	Geath 13
46 1	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causas of Importance wera as follows:	
8. Trada, profession, or particular kind of work dona, as SPINNER,	0.1	Cerebral Henevilage	Date of or
SAWYER, BODKKEEPER, etc.	Papelser	/~	
kind of work dona, as SPINNER, SAWYER, BODKKEEPER, etc	more		
1D. Data deceased last worked at this occupation (month end	11. Total time (years) spent in this		
yaar)	occupation	Othar Contributary Causes of importance:	
12. BIRTHPLACE (city or town) Sale	sluy, ma		
(State or country)			
13. NAME PLASS TO 14. BIRTHPLACE (city or town) MCC	areun		
14. BIRTHPLACE (city or town) M. (Stete or country)	unete aus	Neme of operation Date of	
	Fanh-	What test confirmed diagnosis?	opsy?
E COLLEGE DE DE LA COLLEGE DE DE LA COLLEGE DE DE LA COLLEGE DE LA COLLE		23. If death was due to external causes (VIOLENCE) fill in elso tha following: Accident, suicide, or homicida?	10
S 16. BIRTHPLACE (city or town) 2 accounty (Stete or country)		Where did injury occur?	, 10
17. INFORMANT Serbert & Farlans (Address) Salashur and & F=29		(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, In HOME, or in PUBLIC PLAC	E.
18. BURIAL, CREMATION, OR REMOVAL	615-10 dunose	Menner of injury	
Placa Salistivy ma	Date 14 , 1924	Nature of injury	
19. UNDERTAKER Chasal	urnell	24. Was disaase or injury in any way related to occupation of deceased?	75
(Address) 500 E Churc	list and	If so, specify	0
20. FILED Feb. 11, 1934	J. Issay Junes.	(Signed)	
	Registrar. blanks are needed, address State Registrar.	(Addrass)	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I Example II The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Julu 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

STATE	OF MARYLAND-	CERTIFICATE OF DEATH	H maga
1. PLACE OF DEATH		159)	01000
County llicomi	La-	Registration Dist.	No. 333
Village or City Sales	ring	No. Lake	St., 9 Ward
Length of residence in city or lown where		If death occurred in a hospital or institution, give its NAME insta s	
2. FULL NAME Henry	4x Vototo.		
(a) Residence: No. So	D. Meterica	e St. 9 Ward.	
(a) hesidence. No.	(Usual place of abode)		ity or town and State
PERSONAL AND STATIS	TICAL PARTICULARS	MEDICAL CERTIFICATE OF	DEATH
s. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIOOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Jele (Month)	(Day) , 193.4 (Veer)
5e. If merried, widowed, or divorced HUSBANO of (or) WIFE of		22. I HEREBY CERTIFY. I	hal I attended deceased from
(01) 11112 01	ia	no or in attenden	
6. DATE OF BIRTH (month, day, and year)	33 29 Nov	I last saw h alive on	; death is said
7. AGE Years Months	Deys If LESS than 1 day,	to have occurred on the date steted above, at	
1 2	/ 3 or min.	The PRINCIPAL CAUSE OF DEATH and related causes of i	mportance Date of onset
Trade, profession, or parlicular kind of work done, es SPINNER,	Ab	Premature Bully	***************************************
SAWYER, BOOKKEEPER, etc		of Televenter mother	
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	no	Phild Vin ansell of	
10. Date deceased last worked al this occupation (month and	11. Total lime (years)	and and	our.
year)	occupation	Other Contributory Causes of Importence:	
12. BIRTHPLACE (city or town) Dalea	luy	Circle Countries of Importance.	
(State or country)	I md	poor + improver thed	
13. NAME James Jal	paon	Holy world away	V
14. BIRTHPLACE (city or town)	milhael	Name of operation	Oate of
(State of country)	The Ind	What lest confirmed diagnosis?	. Was there an au'opsy?
15. MAIDEN NAME (Olanch	Welcher	23. If death was due to external causes (VIOLENCE) fill in e	
16. BIRTHPLACE (city or town) (State or country)	Thurs made	Accident, suicide, or homicide? Date of	f Injury, 19
Colaire of Country)	Mal Lad	Where did Injury occur? (Specify city or town,	eounty and State)
17. NFORMANT Glanch TY (Address) Solender	lelches	Specify whether injury occurred in INOUSTRY, in HOME, o	r in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	na na	Manner of Injury	
Place Fullel Class mg	Dato Fills 10 1934	- Nature of injury	
19. UNDERTAKER Jao As Bleys	est what I man	24. Was diseese or injury in any way related to occupation if so, specify	of deceased?
20. FILEO FEN: 13-, 19 3 4 8	r. May Turder	(Signed) At Menulla (Address) County Regard	M. 0.
If mor	7	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.	

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of cpilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
HIPPAIL V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastrocnteritis	1 year

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

BINDING

FOR

RESERVED

STATE OF MARYLAND—CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
1 1934 1 1934 1 1934 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

. PHYSICIANS should state Exact statement of OCCUPA-

stated EXACTLY.

See instructions on back of certificate.

be

CAUSE OF DEATH in plain terms, so that it may

TION is very important.

AGE should be

supplied.

mation should be carefully

N. B.-WRITE PLAINLY,

STATE OF MARYLAND-	CERTIFICATE OF DEATH
1. PLACE OF DEATH	3
7	Registration Dist. No. 3 ± 0
Village or City News Markets (If	NoSt., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos.	ds. How long in U.S. if of foreign birth?
2. FULL NAME Doby Standy	
(a) Residence: No.	St., Ward. If nonresident give city or town and State
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3, SEX 4. COLOR OR RACE 5, SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH 9
Male Poloud OR DIVORCED (write the word)	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	22. 9 / I HEREBY CERTIFY That I attended deceased from
(or) WIFE of	det-17, 1934, to det-17, 1834
6. DATE OF BIRTH (month, dey, and year) Feb 17 - 1934	I lest saw h alive on
7. AGE Years Months Deys If LESS than 1 dey,hrs.	to have occurred on the dete steted above, and side of the occurred on the dete steted above, and side of the occurred on the dete steted above, and side of the occurred on the dete steted above, and side of the occurred on the dete steted above, and side occurred on the dete steted above.
Stul Donn or or min.	The PRINCIPAL CAUSE OF DEATH and related causes of importance ware as follows: Date of onset
8. Trede, profession, or particular kind of work done, as SPINNER,	ALio Francis
SAWYER, BOOKKEEPER, atc	D7665 0-01.70
work was done, as SILK MILL, SAW MILL, BANK, atc.	
10. Date deceased last worked at this occupation (month end year) spant in this occupation	
	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) Mary land	
13. NAME Sprake Hongy	
13. NAME Archi Honey 14. BIRTHPLACE (city or town) (State or country)	Name of oparation
(State of Country) /// way total	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME On Oversey 16. BIRTHPLACE (city or town) (State or country)	23. If death was due to axternal causes (ViOL ENCE) fill in also the following:
O 16. BIRTHPLACE (city or town) (Stete or country)	Accident, suicide, or homicide?
All A Mal	Whara did injury occur?(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE,
17. INFORMANT State of Many (Address) May July 8 and Many	Specky whether injury occurred in INDUSTRY, in HUME, of in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Colored Cractay Date tel 17 , 1934	Nature of injury
19. UNDERTAKER Now in Change James & Null +]	24. Was disease or injury in any way related to occupation of deceased?
31 - 21 / 2010/	(Signed) C Ellafte M.D.
20. FILED 19.7, 19.27 Plant Registrar.	(Addrass) Markeley Mil

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
1915	Attack of epilepsy	1 week ago	
1921	Run over by street ear	1 week ago	
July 5,1927	Peritonitis	3 days ago	
	Other contributory causes of importance:		
May 1,1923	Gastroenteritis	1 year	
	1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street ear July 5, 1927 Peritonitis Other contributory causes of importance:	

STATE OF MARYLAND—	CERTIFICATE OF DEATH 01972
1. PLACE OF DEATH	
County Willowill	Registration Dist. No. & 336
Village or City Wellsman and	No. St., Ward
Length of residence in city or town where deeth occurred	f death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
2. FULL NAME Eunile Halbrack	
(a) Residence: No. hOllman	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIEO, WIOOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
Semale a. a. married	(Month) (Day) (Year)
Aa. If married, widowed, or divorced HUSBAND of	22. / I HEREBY CERTIFY. That I attended deceased from
(or) WIFE of Genjamin Halbrook	95/1 1937/10 1934
6. DATE OF BIRTH (month pay, end year) May 15 1916	I last saw has alive on 4 22 19.34; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated abova, at G. P.m.
1 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular	Elempora followy
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	doldbrille, 16lean
Holdistry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
O Data decessed lest worked at 49 ce 11. Total time (years)	
this occupation (month end year) 19 spent in this occupation of the spent in	
12. BIRTHPLACE (city or town) Delme	Other Contributory Causes of Importance;
(State or country)	July 10 1 g / 11 months
13. NAME Perry Belle	
14. BIRTHPLACE (city of hown) Ralla swalkin	Name of operation
(Steta of country)	What test confirmad diagnosis?
16. BIRTHPLACE (city or town) Ralka walkin	23. If death was due to axternal causes (VIOLENCE) fill in also tha following:
0 16. BIRTHPLACE (city or town) Nalhalwalkin	Accident, suicide, or homicide? Oeta of Injury
(Stata or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Genfamen Halbrook	Specify whather injury occurred in INOUSTRY, in HOME, or In PUBLIC PLACE.
(Address) Wilman and	
Place Delige Wentlery Oate de 16 25 1934	Menner of injury
0 418	Nature of injury
19. UNOERTAKER Las Allevare and	24. Wes disease or injury in eny way related to occupation of deceased?
relations and all all all	If so, spacify (Signed) M. D.
20. FILEO Pel- 3314., 1977 Harry 3- Huston. Registrar.	(Address) Is Make Id
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 2.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

Exact statement of OCCUPA.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 01973
1. PLACE OF DEATH	(7)
County blic series.	Registration Dist. No. 333
Village or City Sales hung led	WD. Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred	. ds. How long In U.S. if of foreign birth?yrsds.
2. FULL NAME & Que Wettle to	of the me. Mr.
(a) Residence: No. Qual Quina,	J.SA Q. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write tha word)	21. DATE OF DEATH 2 - 8-
Milate sol. Single.	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY. That I attended deceased from
1 10011	2-3-,1937, 10 2-8,19
6. DATE OF BIRTH (month, day, and yaar) Thee 6, 1924	I last saw h. 97 aliva on 2 - 8 , 1934; death is said
7. AGE Years Months Days If LESS than 1 day,	to have occurred on the date stated above, at 2 http://www.mr.
0rmin.	wera as follows:
8. Trade, profassion, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, atc.	Trational level
SAWYER, BOOKKEEPER, atc	1 ffmat for c
work was dona, as SILK MILL, SAW MILL, BANK, etc.	
11. Total time (years)	
year)occupation	Other Coutributory Causes of importance:
12. BIRTHPLACE (city or town) Shall be see	
# 13, NAME @ DIN OR HONUS.	
13. NAME QUILLO A HONDIS. 14. BIRTHPLACE (city or town) July (State or country)	Name of operation Date of
14. BIRTHPLACE (city or town) (State or country)	
I 15. MAIDEN NAME BOLLOGIAL COM	
E 1.0	23. If death was dua to external causes (VIDLENCE) fill in also the following: Accident, suicide, or homicide? Date of injury 19
16. BIRTHPLACE (city or town) (State or country)	Where did Injury occur?
Willand /	(Specify city or town, county and State) Spacify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address)	Spaciny whether injury occurred in the boster, in nome, of in Public Place.
18. BURIAL, CREMATION OR REMOVAL	Manner of injury 20
Plantingletree That Date 14 12 1934	Natura of injury
19. UNDERTAKER Jarre The	24. Was disease or Injury in any way related to occupation of deceased
(Address) Smow Hill, ma	If so, specify
20. FILED Fel. 8 1934 & May Turner	(Signed)
Registrar.	(Address) falloly huef:
If more blanks are ndeded, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example 1		Example 11		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1916	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATE	EMENTS BY	PHYSICIAN
------------------------------------	-----------	-----------

	M	7.	图	
ANGIN WESENVED FOR BINDING	N. BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT R.	mation should be carefully supplied. AGE should be stated EXACTLY.	CAUSE OF DEATH in plain terms, so that it may be properly classified. Ex	e e
row n	IS A PI	stated I	properly	certificate
1	HIS	pe	pe	Jo :
SELV	NK-T	plnous	it may	n back
TATE A	ING I	AGE	so that	tions o
TONIE	UNFAD	ipplied.	terms, s	instruc
	WITH	efully su	in plain	int. See
	INLY,	be car	EATH	importa
	PLA	plnoy	OF D	very
	3WRITE	mation sl	CAUSE	TION is very important. See instructions on back of certificate.
	N. E	(7	Para

70	CERTIFICATE OF DEATH 01974
M. P	151-20
Vount, 12	Registration Dist. No. 300
Village or City aluduy	No. 415 Warles St, 5 W If death occurred in a hospital or institution, give its NAME instead of street and number)
	s
2. FULL NAME Shailey Vincin	Hayman 1
(a) Residence: No. 415 Nails steet	St 5 Ward Saluting Md.
(a) Residence; No. / (Usual place of abode)	If noorey dent give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OF RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH 2.
temale White OR DEVORCED ("write the word)	(Month) (Dey) 193 Yeer
5a. If married, widowed, or divorced HUSBAND of	The state of the s
(or) WIFE of	1 HEREBY CERTIFY Thet lattended deceesed
6. DATE OF RIRTH (month, day end year) Que. 18. 1933	10 to 10 193
The state of the s	I last sew halive on, 19 ; death is
7. AGE Years Months Days If LESS then I dey,hrs	to have occurred on the date stated above, at the PRINCIPAL CAUSE OF DEATH and related causes of importance
	were as follows:
8. Trade, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEFPER, etc.	Thy disceptalins Bur
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked et 11. Total time (years)	74700004
work was done, as SILK MILL, SAW MILL, BANK, etc.	
10. Date deceased last worked et this occupation (month end spent in this	
year) occupation	00-0
12. BIRTHPLACE (city or town)	Other Contributory Causes of importance:
(State or equity) glady Md,	
13. NAME / William / 71 Hayman	
13. NAME / LEW / T. Wayson and 14. BIRTHPLACE (city or town) Calculated (State or country)	Neme of operation
(State or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Eline Jane offense	23. If death was due to external causes (VIOLENCE) fill in elso the following:
15. MAIDEN NAME Eliza faire officese 16. BIRTHPLACE (city or town) Reger Frencham!	Accident, suicide, or homicide? Date of injury, 19
(State of country) Manyland.	Whera did injury occur?
17. INFORMANT Mrs. Elsie Jane Hayma	(Specify city or town, couply and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
(Address) 415 Wailes Oct. Salating &	
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Plece / arsons am , Date Tet, 264, 193)	Neture of Injury
19. UNDERTAKER Holloway + Co.	24. Was disease or injury In any wey related to occupation of deceased?
(Address) Sala Mayland	If so, specify
20 FUED Foli 26 1034 LA May Jumes	(Signed) Hera / Mon
20, FILED All 20, 192 f Analy Mule C Registrar.	(Address) Lalis by my
If more blanks are needed, address State Registrar	2411 N. Charles Street, Baltimore, Requesting U. S. No. Y.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

Example I

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example II

The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis Run over by street car 1921 1 week ago Cerebral hemorrhage Peritonitis July 5,1927 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

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Example II Example I The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Attack of epilepsy Arteriosclerosis 1915 1 week ago Run over by street car 1 week ago Chronic interstitial nephritis 1921 July 5.1927 Peritonitis 3 days ago Cerebral hemorrhage Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

STATE OF MARYLAND—	CERTIFICATE OF DEATH 01976
1. PLACE OF DEATH	[8]
County Wicomics	Registration Dist. No. 332
Village or City News Willands md.	No. St Ward
Length of residence In city or town where death occurred 4 & yrs. 3 mos 2. FULL NAME Wednesday Veincent Well (a) Residence: No. W. Willards (Usual place of abode)	ideath occurred in a hospital or institution, give its NAME instead of street and number) . / 3 ds. How long in U.S. if of foreign birth?yrsmosds.
PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) 5a. If married, widowed, or divorced OR DIVORCED (write the word)	21. DATE OF DEATH FLV 18 1934 (Year)
HUSBAND of Or Odam. Hearn	22. March 23 1938, to Fut 18 1934
6. DATE OF BIRTH (month, day, and year) 760 5 th 1887 7. AGE Years Months Days If LESS than	to heve occurred on the date steted above, at 9. P. m.
146 5 10 lday,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular kind of work done, os SPINNER,	bestiment pregrussia Data of onset
kind of work done, os SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and	Cardio Scular Kinds
work was done, as SILK MILL, SAW MILL, BANK, etc.	allete
1D. Date deceased last worked at this occupation (month and year) 11. Total time (years) 7 spent in this occupation occupation	
12. BIRTHPLACE (city or town) Wear Willaude.	Dther Contributory Causes of impostence:
(State or country)	
13. NAME Colear R. Hearn' 14. BIRTHPLACE (city or town) Near W March	
14. BIRTHPLACE (city or town) Near Willaudo'	Name of operation
(State or country)	What test confirmed diagnosis? Was there en eu opsy?_ Ak-
15. MAIDEN NAME Lang dynn Dennis 16. BIRTHPLACE (city or town) Max Willado'	23. If death was due to external causes (VIDLENCE) fill in also the following: Accident, suicide, or homicide?
(State or country) md.	Where did injury occur?
17. INFORMANT Mosecoe Heary' (Address) Willands md.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL PIECE NEW Lope Cemetry Date Feb 20 1934	Manner of injury
19. UNDERTAKER Horizard Wills.	24. Was disease or injury in any way related to occupation of deceased?
(Address) (Fittsville ma.	If so, specify
20. FILED TEb. 20, 1934. Tillian T. Nave	(Signed) Sr Wood M. D. (Address) Millsone La
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I	il	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU VIS.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

of OCCUPA.

1. PLACE OF DEATH	TE OF MAR	ILAND	CERTIFICATE OF DEATH	01344
County Willow	rila		(159) Registration Dist. No.	336
	mar med	Side (1	No	
Length of residence in city or	town where death occurred	yrs,mos	ds. How long In U.S. if of foreign birth?yrs	mos ds
2. FULL NAME mf	Ounell and	Benjan	m Halbrook	
(a) Residence: No	Usual place	e of abode)	St., Ward. If nonresident give city or to	own and State
PERSONAL AND S	TATISTICAL PART	ICULARS	MEDICAL CERTIFICATE OF DEA	ATH
3. SEX 4. COLOR OR		RRIED, WIDOWED, ED (write the word)	21. DATE OF DEATH (Month) (Day)	, 193 4
Se. If merried, widowod, or divorced HUSBAND of		7		(real)
(or) WIFE of	no	A LANGE OF	22. HEREBY CERTIFY That I of	2
6. DATE OF BIRTH (month, day, end	700 21	.6 2	1100	19 <i>34</i> ; deeth is sald
7. AGE Years	Months plant	If LESS then	to have occurred on the dete stated above, at	135 9., 000111 15 5210
_	- 3	l dey,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importen	-
Z Trade, profession, or perticul	lar PINNER		Promise Both.	Deta of onset
kind of work done, as SF SAWYER, BOOKKEEPER, 9. Industry or business In whice		* * * * * * * * * * * * * * * * * * * *	afrit (mo)	
work wes done, as SILK SAW MILL, BANK, etc	MILL,	-e>	•	
10. Date deceased lest worked en this occupation (month an	et no 11. Totel	time (years)		
year)	000	cupation	Other Contributory Causes of importence:	
12. BIRTHPLACE (city or town) _ (State or country)	Umor w	rd Side		
13. NAME Bentan	in Halbras	1-		
13. NAME Be for 14. BIRTHPLACE (cky or town)	0 4		Name of operationD	ete of
(State or country)		me	Whet test confirmed diagnosis? Was th	
15. MAIDEN NAME AMA	rail Peter	Lunice Bell	23. If deeth wes due to external ceuses (VIOLENCE) fill in elso the	
15. MAIDEN NAME 16. BIRTHPLACE (city or town)	1 Quantic	0-	Accident, suicide, or homicide? Date of injury	
∑ (Stete or country)	1	nd	Where did injury occur?	
17. INFORMANT Beauty (Address)	Belle)		(Specify city or town, county Specify whether injury occurred in INDUSTRY, in HOME, or in PUI	and State) BLIC PLACE.
18. BURIAL, CREMATION, OR REMOV	IAL ma	1	Manner of Injury	
Place Public, Clar	, Sahalungate A ll	28,1934	Nature of Injury	
19. UNDERTAKER JOA HIS	wort st.	Saleshu Bra	24. Wes disease or injury in any way related to occupation of decea	sed? 2cu
20. FILED Feb 26 1934	4 Harry E. He	As a Registrar.	(Signed) It. Ly nel (Address) Jahren 12	M. I

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Example I	- April American	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral homorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			14-

2		AL SPACE FOR				
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certifi	cale	()	U			
U						

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STATE OF	MARYLAND-	CERTIFICATE OF	DEATH
1. PLACE OF DEATH			01978
County All come	d	(131) F	Registration Dist. No. 330
Village or City McUrack	la	No.	St., Ward give its NAME instead of street and number)
Length of residence in city or town where death o			ign birth?ds.
2. FULL NAME Mary &	Effers	oro	
(a) Residence: No.	(Vsual place of abode)	St., Ward.	16
PERSONAL AND STATISTICAL			If nonresident give city or town and State
	NGLE, MARRIED, WIDOWED,	21. DATE OF DEATH	TOATE OF BEATT
	R DIVORCED (write the word)		Quench (Day) (193 4 (Tear)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	is Jefferson.	22. AI HEREBY C	ERTIFY That I attended deceased from
1	100	199	3, to 0 d. 7
	30 - 1808	I last saw h alive on	1927 death is sald
7. AGE Years Months	Days If LESS than 1 day,hrs.	to have occurred on the date stated ebo	
/3 /	9 ormin.	The PRINCIPAL CAUSE OF DEATH en were as follows:	d releted causes of importance
8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	ise work	Chronie &	484402 3
9. Industry or business in which work was done, as SILK MILL,		\$2.	. 0 ~ 0
SAW MILL, BANK, etc.		112	Color Steel
10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation		
A NATURAL COLUMN		Other Contributory Causes of Importance	
12. BIRTHPLACE (city or town)		- cor rearros	ZGF-CZ-L-SA
13. NAME A A A A A A A A A A A A A A A A A A	ll		
14. BIRTHPLACE (city or town)	Α	Neme of operation	Dete of
(State of country)	ig .	What test confirmed diagnosis?	Was there an autopsy?
15. MAIOEN NAME SINGS STATES	turley,	23. If death was due to external causes (/IOLENCE) fill in also the following:
[16. BIRTHPLACE (city or town)	,/	Accident, suicide, or homicide?	Date of injury, 19
State or country)		Where did injury occur?	
17. INFORMANT Cada Ar	and_	Specify whether injury occurred in IND	Specify city or town, county and State) USTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	- To-	Manner of injury	
Place Mardelman Dat	02-12,1934	Nature of Injury	
11 off con a	PX		
19. UNDERTAKER Address)	nent D	24. Was disease or injury in any way rel	ated to occupation of deceased?
EED + O + CO	Motor of	(Signed)	ellack.
20 FILED LD 1 1932	Registrar.	(Address)	Tendel Springe Mis.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. s.

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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHY	TIONAL	AL SPACE FO.	K FURTHER	STATEMENTS	BY	PHYSICIAN
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OCCUPA

plnods Jo

STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH Registration Dist. No. Village or City of or institution, give its NAME instead of street and number) (If death occurred in a horpi HEREBY CERTIFY Thet I ettended deceased from Date of onset

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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIA	ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIA
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STATE C	F MARYLAND-	CERTIFICATE OF DEATH	980
1. PLACE OF DEATH		100	5
County Wicomico		Registration Dist. No.	33
Village or City Salista	2	No. Perencula Several Hosp. St.,	13 War
Length of residence in city or town where	,	f death occurred in a hospital or institution, give its NAME instead of street and s	
2. FULL NAME DEOTY	Washington	LOWE	
	della Md.	St., Ward.	
DEDGONAL AND STATIST	(Usual place of abode)	If nonresident give city or town and	d State
PERSONAL AND STATIST 3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED.	MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH	
male white	OR DIVORCED (write the word)	February 24 (Month) (Day)	. 193 4 (Year)
ie. If married, widowed, or divorced HUSBAND of (or) WIFE of Hattie Lee	Lowe	22. I HEREBY CERTIFY, Thet I attended	
		February 19, 19.34, to 1-6. 24	
5. DATE OF BIRTH (month, dey, and year)		i last saw h. La elive on Fib 24 , 19.34	_; death is se
AGE Yaars Months	Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at	
Trada, profession, or particular	ormin.	wara as follows: Lobar Prisamonia	Date of ons
kind of work dona, as SPINNER, SAWYER, BDDKKEEPER, etc	Farmer.	LOBAL TIL REMOVIE	2-1-3
Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc			
SAW MILL, BANK, etc	11. Total time (years)	-	
this occupation (month and year)	spant in this occupation		
BIRTHPLACE (city or town)	lad	Dither Contributory Causes of importance: E. 201. P. y. G. 107. R.,	2-17-
(State or country)			
13. NAME George P	forme		
14, BIRTHPLACE (city or town)	ngland	Name of operation Date of	*******
(Stata or country)	- T 0	What test confirmed diagnosis? Tharace ! ESCS Was thara an	
	s. Taylor	23. If deeth was due to externel causes (VIDLENCE) fill in elso the following	
16. BIRTHPLACE (city or town) (Stata or country)	refront.	Accident, suicide, or homicide? Data of Injury	, 19
1-6-48 6 7	love. R. H.	Where did injury occur? (Specify city or town, county and Sia Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC P	ite)
(Address) mordella	md,	- open, mount high country in the country in the man, of the country in	.not.
18. BURIAL, CREMATION, DR REMOVAL	1 20077	Manner of injury	
Placa Placa , M	5. Date Jes 2 / 1924	Nature of injury	
19. UNDERTAKER M. S. Srav	Cop Moran	24. Was disease or injury in any way related to occupation of daceased?	no
(Addrass) Sharfler	and mer	if so, spacify	
20. FILED Tel. 24, 1934	I May June	(Signad) Les A. Master	M.
If many	Registrar.	(Address)	1.7.7-43

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V S			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FO	R FURTHER	STATEMENTS	BY	PHYSICIAN	Ţ
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	ery item of infor-	ANS should state	ent of OCCUPA.	/
5	ENT RECORD. E	LY. PHYSICI.	d. Exact statem	
FOR BINDIN	IS A PERMANE	stated EXACT	properly classifie	certificate.
ARGIN-RESERVED FOR BINDING	BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	TION is very important. See instructions on back of certificate.
AAK	AINLY, WITH UNE	d be carefully suppli	DEATH in plain tern	y important. See ins
5. MO. 1	B.—WRITE PL	mation shoul	CAUSE OF	TION is very

1. PLACE	E OF DEA	TH	DE MINE	TAND-	CERTIFICATE OF DEATH	138
County	11001				Registration Dist. No. 330	
	or City	Tardela		(II)	No. St., f death occurred in a hospital or institution, give its NAME instead of street and s	Walumber)
2. FULL	NAME		T.Lowe	mos	sds. How long In U.S. If of foreign birth?mc)\$ 0
	sidence: No		(Usual place		St., Ward. If nonresident give city or town and	State
PERS	SONAL AN	D STATIST	ICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
Fema	le "l	r or RACE	5. SINGLE, MAR OR DIVORCE	RIED, WIDOWED, D (write the word)	21. DATE OF DEATH Peb I5 I934 (Month) (Day)	, 193(Year)
HUSBANO (or) WIFE	vidowed, or divo	ge .Lo	we		22. 1 HEREBY CERTIFY That I attended of the state of the	daceased from 19.3
		, end yaer) , a:	a 5	1880	Hast saw he aliva on Lef 1934	death is sa
. AGE	Years 54	Months	Deys	If LESS than 1 day,hrs. ormin.	to heve occurred on the date stated above, at 7.306.m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	U H III
8. Trade,	profession, or pa	rticular		, or a constant.	were as follows.	Oate ol ons
SAV	of work done, YYER, BOOKKEE	es Spinner, Per, atc			0 . 0	
kind SAW 9 Industry wor SAW 10. Oate de	y or business in k was done, as S V MILL, BANK, a	which ILK MILL, II tc	ouse wi	fe	Broncho Preumonia	2/2/
Till o	occupation (mor	ith and	sper	ime (yaars) nt in this spation		
2. BIRTHPLAC (State or	E (city or town).	Der	aware		Other Contributory Causes of Importance:	
13. NAME	James	. Baile	y		7	
(Sta	LACE (city or to te or country)	wn)	laware		Name of operation Data of Whet test confirmed diegnosis? Was there are at	
15. MAIOEN	NAME T	lezabet:	h A. L11	is	23. If death was due to external causes (VIOL ENCE) fill in also the following:	
	LACE (city or too ta or country)	vn) Te	laware		Accident, suicide, or homicide? Date of Injury	
7. INFORMANT (Address		Mills bron, M	d.		(Specify city or town, county and State Specify whether injury occurred in INOUSTRY, In HOME, or in PUBLIC PLA	CE.
8. BURIAL, CRE	MATION, OR RI	EMOVAL			Manner of Injury	
Place	Sharpt.	0W9	oata Feb.	I.7, 19. 34		~~~~~~~
9. UNOERTAKE (Address	R	.Graven Sharpto		0	24. Was disease or injury in any way related to occupation of deceased?	no,
O. FILED Tel	-16 ,1	34 Jwt	legates	Registrar.	(Signed) (Address) Marshell Almerica	O W.

11

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MAR 6 1634			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN	ADDITIONAL SPA	E FOR FURTHER	STATEMENTS	BY	PHYSICIAN
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FOR BINDING

JARGIN RESERVED

STATE OF MARTLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	Leh (RI)
County/// Come lo	Registration Dist. No. 333
Village or City Salishing Ma	No. 1.5. Hyapatal St. 13 Ward
(1)	death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence In city or town where death occurred	How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME James fee Man	vef
(a) Residence: No/ East. / Satella at,	• St., 5 Ward.
(Usuai place of abode) haste	1 / 11 0
PERSONAL AND STATISTICAL PARTICULARS 3,80% / 4,00kor of race 5, single Married Windwebs/	MEDICAL CERTIFICATE OF DEATH
Male While Orthograph (write the word).	21. DATE OF DEATH Fig. (Month) (Day) (Year)
5e. If married, widowed, or divorced HUSBAND of	
(at) HITE of than an J. Marrel	I HEREBY CERTIFY, Thet I attended deceased from
S DATE OF BIRTH (month day and mon) & Can 6 1912	2- 34
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	to heve occurred on the date stated above, at 5 4 6 m
2 2 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
& Trade, profession, or particular	were as follows: Date of onset
kind of work done, as SPINNER, alternative SAWYER, BOOKKEEPER, etc.	Selleria of
9 Industry or husiness in white	16h sum
work was done, as SILY My State / Krad	
ting good and discharge and a spaint in fills	
year) occupation occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town)	Shreh
(State or country)	
14. BIRTHPLACE (city or town) alloward	
14. BIRTHPLACE (city or town)	Name of operation
(State or country)	Whet test confirmed diagnosis? Was there an au'opsy?
15. MAIDEN NAME / aomy Jong.	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) Sultymille	Accident, suicide, or homicide? Caraclassa Dete of injury / /
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT May d. May 1	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) AD # 2 Salestury THA. 18. BURIAL, CREMATION, OR REMOVAL	Running
Piecharms am Date Tet. 3 1934	Manner of injury Messace lyfelynum
91.01	Nature of Injury / Theres way, he ad franchs
19. UNDERTAKER VICTORY 6	24. Was disease or injury in any way related to occupation of deceased?
(Address) Salushy Mel,	it so, specify I denience There of Caloded
20, FILED. Fel. 3, 1934 & May Junes	(Signed) M. D.
Registrar.	(Address) U tule true
If more blanks are weeded, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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B. Carlotte			•
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

should state

STATE OF MARYLAND-	-CERTIFICATE OF DEATH 01	984
1. PLACE OF DEATH		
County Micomir	Registration Dist. No. 3	36
Village or City_dlelmax	Np.	Ward
	If death occurred in a hospital or institution, give its NAME instead of street and nur	mber)
Length of residence in city or town where death occurredyrsmc	bsds How long in U.S. if of foreign birth?yrsmos.	ds.
2. FULL NAME Prime Smith	aske!	
(a) Residence: No. Loulman	St., Ward.	
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and St	ate
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	MEDICAL CERTIFICATE OF DEATH	
OR DIVORCED (write the word)	Tel 15	10246
5a. If married, widowed, or divorced	(Month) (Dey)	(Yeer)
HUSBAND of Vaniel & Parker	22.) I HEREBY CERTIFX That I attended de	ceased from
Some J. Vivi	fruce , 1938, 10 /916 15	., 193.24.
6. DATE OF BIRTH (month, day, and year) Sept. C. 1874	Riast saw har alive on Felt 1.5 , 1934,	death is said
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at & # 00 m.	
59 30 9 1 day,hrs.	were se-follows.	2.4.4
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc S. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked et this correction (work) and the correctio	Purnicion munica	1-31
9. Industry or business in which work was done, as SILK MILL.		
SAW MILL, BANK, etc		
10. Date deceased last worked et this occupation (month and year) year)		
B. 7-11	Dther Contributory Causes of Importance:	
12. BIRTHPLACE (city or town) (Stete or country)	Personal .	
II 13. NAME Piter Boden & int	- CNNNA	2.4 In.
13. NAME Site Boding Smith 14. BIRTHPLACE (city or town) Exatable		
(State or country)	Name of operation Date of	
15. MAIDEN NAME CATHERING ON UL	What test confirmed diegnosis? Was there an au'c	opsy?
16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Date of injury	
State or country)	Where did injury occur?	, 19
17. INFORMANT Daniel & Vasker	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE	
(Address) Leelman Leel	Specify whether injury occurred in INDUSTRI, in HOME, OF IN PUBLIC PLACE	
18. BURIAL, CREMATION, OR REMOVAL Salisbury, mod	Manner of injury	
Place Stasson Can Date 2-141, 1974	Nature of Injury	
19. UNDERTAKER Sell S. Maryl	24. Was disease or injury In any way related to occupation of deceased? In	N
(Address) Delmar rel	If so, specify	************
20. FILED F. E. B. 17th, 1934 Harry E. Hudson	(Signed) AIVI3 maly	M. D.

(Address)

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10 .- The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR I	FURTHER	STATEMENTS	BY	PHYSICIAN
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FOR BINDING

STATE OF MARYLAND—	CERTIFICATE OF DEATH 01985
County Micomics Village or City Falisbury	No. 106 Loudon No. 333 No. 106 Loudon No. St., 9 Ward death occurred in a horpital or institution, give its NAME instead of street and number)
	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Seozge C. S. Var (a) Residence: No. 106 London ave	Ker Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State
	MEDICAL CERTIFICATE OF DEATH
Male White OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs. Mary O. Parker	1 HEREBY CERTIFY, That I ettended deceesed from
C DATE OF BIRTY (month down of	I last sew h elive on 1997 death is cald
6. DATE OF BIRTH (month, day, end year) 1854 7. AGE Years Months Days If LESS than	(200
I day hrs	to have occurred on the date stated ebove, et
79 2 5 ormin.	were as follows:
Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.	
SAWYER, BOOKKEEPER, etc.	D & Blodden Julian
9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc	/ arcivona of &
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc. 10. Date deceased lest worked at this occupation (month and yeer) 11. Total time (yeers) spent in this occupation	
12. BIRTHPLACE (city or town) Mean Relman, (State or country)	Other Contributory Causes of Importence:
13. NAME Elijah M. Larker 14. BIRTHPLACE (city of town) M. Leonico Co.	
14. BIRTHPLACE (city of town) Missonico Co.	Name of operation Date of
(State of Country) / Carylana	What test confirmed diagnosis? Wes there an autopsy?
15. MAIDEN NAME Jara Elliott	23. If death wes due to externel ceuses (VIOL ENCE) fill in also the following:
15. MAIDEN NAME Sara Elliott 16. BIRTHPLACE (city or town) Wicesmiles Co.	Accident, suicide, or homicide? Dete of Injury, 19
(State or country) Maryland.	Where did injury occur?
17. INFORMANT Mrs: Mary C. Parker (Address) Jalesburg, Maryland	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Parsons Cest. Date Heb. 3, 1934	Neture of Injury
19. UNDERTAKER The Hill of Johnson Co	24. Wes disease or Injury In any wey related to occupation of deceased?
20. FILED. Fiel. 3, 1934 F. May humer. Registrat.	(Signed) M. D. (Address) Alishy My.
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.
- Comment of the contract of t	-q Crains Street, Dattimore, Requesting U. S. No. 1.

V. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronie interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

)	item of infor-	S should state	of OCCUPA-	\
DATE	NENT RECORD. Every	CTLY. PHYSICIANS	ified. Exact statement	
TON DIVIN	HIS IS A PERMA	be stated EXA	be properly classi	of certificate.
DALLAND TO LANGE TO LOW DINGE	NFADING INK-TI	oplied. AGE should	erms, so that it may	instructions on back
	N. BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA.	TION is very important. See instructions on back of certificate.
	N. B.—W	ma	CA) I

STATE OF MARYLAND—	CERTIFICATE OF DEATH 01986
1. PLACE OF DEATH	934)
County Thiromics	Registration Dist. No. 332
Village or City Passousburg, Mil	No. St Ward
Cli Cli	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
2. FULL NAME Office B. Parker	
(a) Residence: No. Maryland, Ove Parsonshi	St. Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) 5a. If married, widowed, or divorced 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married	21. DATE OF DEATH (Month) (Dey) (Year)
HUSBAND OF Colna M. Parker	22. I HEREBY CERTIEY That I attended deceased from
6. DATE OF BIRTH (month, day, and year) July 21. 1877	I lay saw halive on
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at 10.00 Am. The PRINCIPAL CAUSE OF DEATH and related causes of importance
8 Trade profession or particular	were as follows:
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked et this occupation (morth and account in this occupation (morth and account in the second in th	Occile Cardiae Paletolin 7/27
SAW MILL, BANK, etc 10. Date deceased last worked et this occupation (month end Yay, May occupation this occupation coupation 28	
12. BIRTHPLACE (city or town) - Hear Powelville, Mis (State or country)	Other Contributory Causes of Importance:
- Comment	Clardes Vascular Rivers 1930
13. NAME Robert a. Parker 14. BIRTHPLACE (city or town) Here Powelville, Md.	Name of operation
(State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Mary Jane Leccis	23. If death was due to external causes (VIDLENCE) fill in also the following:
(State or country)	Accident, suicide, or homicide? Date of injury, 19
17. INFORMANT Carra M. Parker (Address) Parameter M.	Where did injury occur?(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, DR REMOVAL	Manner of injury
Place Talsansburg Md. Date March 2, 1934	Nature of injury
19. UNDERTAKER he fill & formson Co. (Address) Salisbury man 0	24. Was disease or injury in any way related to occupation of deceased?
20. FILED Mar. 1, 1934. Syllian R. Lavi	(Address) And Andrews M. D.
	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example 1	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
DUDEAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN
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STATE OF MARYLA	AND—CERTIFICATE OF DEATH 01987
County Willows	210-m Pagistration Diet No. 333
RITHIN CORP. a.d.	Registration Dist. No.
Village or City Valuating	(If death occurred in a pospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs	mos. ds. How Jong In U.S. if of foreign birth? yrs. mos. ds.
2. FULL NAME Hranklin Ju	Hennewell 110.
(a) Residence: No. Josepha Bis Williams (Usual place of abode	2 St. Berlson, Md Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULA	
Male White 5. SINGLE, MARRIED, VOR DIVORCED (write	the word)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. HEREBY CERTIFY. That I attended daceased from
margary mules	10 194 10 194
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If	LESS than to have occurred on the date stated above, at 18 m
3 8 // // 1 day	y, hrs. The PRINCIPAL CAUSE OF DEATH and related causes of Importance
Trade profession or particular	min. were es follows:
Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDOKKEPER, etc.	Tractured & thell stook
kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc. 9. Industry or business in which work was done, as StLK MILL, SAW MILL, BANK, atc	1/75
SAW MILL, BANK, atc	automobile assident. Centil
this occupation (month and spent in this occupation (month and year)	is the state of th
12. BIRTHPLACE (city or town) MC	Other Coutributory Causes of importance:
1 31 11 11 11	uell
14. BIRTHPLACE (city or town) The	Neme of operation. Memory Date of
(State or country)	What test confirmed diagnosis? Wes there an aulopsy?
15. MAIDEN NAME Eva / Bull Gley	23. If death was due to external causes (VIOLENCE) fill in elso the following:
15. MAIDEN NAME Eva Bull gluy 16. BIRTHPLACE (city or town) (State or country)	Accident, sulcide, or homicide? (Lead). Date of Injury 9/10-, 19 34
₹ (Stata or country)	Where did injury occur? I Feeling keep
17. INFORMANT Stage: freght of July year	(Specify eity or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
(Address) (Oddlin etty hill) 18. BURIAL, CREMATION, OR REMOVAL	Andrew R. P.
Place CASSES Service Date 1	4 1934 Manner of Injury
(Berling my	Nature of Injury Tay West Flow
19. UNDERTAKER COLL Country (Address)	24. Was diseasa or Injury In any way related to occupation of deceased?
OF 12 24 OF 12 01.	(Signed) M. Muy M. D.
20. FILED / ldc 10, 19 5 7 0 1 May 12	Registrar. (Address) Sales & kel
If more blanks are needed, address S	State Registrar, 2411 N. Charles Street, Balsimore, Requesting V. S. No. 1.

OPPRINGATE OF PEATH

OTATE OF MADVE AND

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Statement of eause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related eauses of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ugo
Other contributory eauses of importance:	*	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

1. PLACE OF DEATH	
	01988
County Wilsomics	Registration Dist. No. 331
Village or City A mankes	NoSt.,Ward
	If death occurred in a hospital or institution, give its NAME instead of street and number) sds. How long in U.S. If of foreign birth?yrsmosds
2. FULL NAME STATISEN ON & Kipp	(n)
(a) Residence: No. Qualities of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIOOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Pole 15 (Year)
Ge. If married, widowed, or divorced HUSDAND of Cor) War Par Rachael E. Dans.	22. I HEREBY CERTIFY. That I ettended decoesed from
6. DATE OF BIRTH (month, dey, and yeer) Marc 3/ 187	I lest sew li lest sew li lest sein les
7. AGE Yeers Months Days If LESS than 1 dey, hrs. or min.	to have occurred on the dete steted above, etm. The PRINCIPAL CAUSE OF DEATH and related causes of importance were es follows:
8. Trade, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	augune fectores 1933
kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc. 10. Oate decessed last worked et 11. Totel time (yeers)	
10. Oate decesed lest worked et this occupation (month and yeer)	Other Centributory Causes of importance:
(State or country)	
13. NAME James & Suippor	
13. NAME James & Rik Quit 14. BIRTHPLACE (city or town) Judniky	Neme of operation
(State of country)	Whet test confirmed diagnosis? Wes there en autopsy?
15. MAIOEN NAME mantha Blayley 16. BIRTHPLACE (city or town) fly and the country)	23. If deeth wes due to externel ceuses (VIOLENCE) fill in elso the following: Accident, suicide, or homicide?, 19
17. INFORMANT Machael & Philippin (Address)	Where did injury occur? (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Frantis Com. Oate 2/17/34, 19	Menner of injury
19. UNDERTAKER MARS WILLIAMS CHAP SENTENCE CHAP	24. Was diseese or Injury in any wey releted to occupation of deceased?
20. FILEO 74617, 1924 Mrs. M. Wallace Registrar.	(Signed) (Address) See See See See See See See See See Se

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Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago		
I GUETAN V. S	1				
Other contributory causes of importance:		Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis .	1 year		
		The control of the co			

ADDITIONAL SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF	DEATH .				- TENTERCHE	State Chillian	iedism.
County	wicon	uco	2.	MARYLAN	Registration Di	ist. No.	
Village or Ci	Jus Salis	brug	No.	EAST	TERN 5 distitution, give its NAME	St.,	Ward
Length of resid	lence In city or town where	death occurredyrs,			if of foreign birth?		
2. FULL NAM	ME ann	a Kouise (usey		-	1	
(a) Residence	:e: No	(Usual place of abode)	St.,_	Ward.	Mardel. If nonresident gi	ve city or town and	State
PERSON	AL AND STATIST	TICAL PARTICULARS		MEDICAL	CERTIFICATE	OF DEATH	
Jemale Jemale	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWE OR DIVORCED (write tha wor		TE OF DEAT	cheery (Month)	8	, 193
5a. If married, widowe HUSBANO of	ed, or divorced		22.0	LHEDE	(MOILLI)	That I asserted	(teat)
(or) WIFE of			Lan	mary 13	BY CERTIFY		
6. DATE OF BIRTH (month, day, and year)	ecentre 5,191	I last sa	w h elive on.	7		
7. AGE Year		Oays If LESS th	hrs. The PR	occurred on the date s	stated above, at 23.50	of importance	
8. Trade, profass	aian ar aartiaular	1 01	wara as	follows:			Oata of onset
SAWYER,	ork done, as SPINNER, BOOKKEEPER, etc.	chool que		clonman	hepren	loses	3 ms
kind of wind of wind sawyer, 9. Industry or by work was SAW MILI	ousiness in which done, as SILK MILL, L, BANK, atc						- 050
f 0. Oate decease	d last worked at Oce. 9	1933 fl. Total time (years) spent in this					-
yaar)	74	occupation	Other C	outributory Causes of i	mportence:		-
12. BIRTHPLACE (city		Walntony .					-
	wie Thom	a Puser					-
f3. NAME 14. BIRTHPLACE	(city or town)		Name o	f operation	Une	Date of	
(State or	country) MA				?		aulopsy?
f5. MAIOEN NAM	ME Ella R	ettle	23. If da	th was due to externa	causes (VIOL ENCE) fill	In also the following	8:
f5. MAIOEN NAM	(city of towif)	elimou	Acciden	t, suiclde, or homiclde	? Oa	ate of injury	, 19
∑ (Stata or	country)	ma p		lid injury occur?	(Specify city or to	wn, county and Sta	te)
f7. INFORMANT	vana The	mas using	Specity	whether injury occurre	ed in INOUSTRY, in HOM	E, or In PUBLIC PL	ACE.
18. BURIAL, CREMATI	ON, OR REMOVAL	n. 4/2P.	m, Mennar	of injury			
Place Con	someourg.	Oate OHAN	3-4- Neture	of injury			-/
19. UNOERTAKER	his Hill 9	Johnson of		disaase or Injury In ar	ny way ralatad to occupat	ion of daceesed?	en en
20. FILED Fel.	9,1934	b- May Jun	es (Si	gnad) AAADYL	WO TUBER H		
		Registra	7. 11	(Addrass)			

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsu 1 week ago Chronic interstitial nephritis 1921 Run over by street ear 1 week ago Cerebral hemorrhage July 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 uear

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	\mathbf{BY}	PHYSICIAN

1. PLACE OF DEATH	
County Wichino	Registration Dist. No. 333
WITHIN CONTROL MITTON	1 4 40 112
Village or City Julishing Min	(If death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs	mos. 25 ds. How long In U.S. If of foreign birth?yrsmosds.
2. FULL NAME Robert Roully	
(a) Residence: No Promeiro anna ma -	Jones Post. Ward.
(Usual place of abod	
PERSONAL AND STATISTICAL PARTICUL	ARS MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write William William Single, MARRIED, V OR DIVORCED (write Wildown	
5e. If married, widowed, or divorced HUSBAND of (et) MILE-of	22. I HER/EBY CERTIFY. That i attanded deceased from
hun fill flood	1/24/34,19 ,10 2/18 ,1034
6. DATE OF BIRTH (month, day, and year) Unches	86 I last raw h 24 alive on 2/18 1974; death is said
	LESS than to have occurred on the data stated above, at
	hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importence were as follows:
8 Trade profession or particular	Commence of prostate + Date of onset
sawyer, BOOKKEEPER, etc. taum hand	mutestern of when himblate
kind of work done, as SPINNER. SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, Tacutal SAW MILL, BANK, atc. 10. Data daceased last worked at this occupation (moth and special last bid occurrence).	anolin
Work was done, as SILK MILL, + accurate	
Spant in the	s he
yeer) occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) Jones &	Prehamon older
(State or country)	
13. NAME VILLE	
14. BIRTHPLACE (city or town)	Name of operation
(Stete or country)	Whet test confirmed diagnosis leaves 1 Was there an autopsy?
15. MAIDEN NAME Junker	23. If death was due to external causes (VIOLENCE) fill In also the following:
16. BIRTHPLACE (city or town) - Junior	Accident, suicide, or homicide?
(State or country)	Where did Injury occur?
17. INFORMANT & - 9. Hospital (Address) Salisban hul	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Morrie Church	Manner of injury
Plece Somertel 60 Data del	19.3.4 Nature of Injury
19. UNDERTAKER PM Squith)	24. Was diseasa or injury in any way related to occupation of deceased? Two
Hil 12,24 /1/1	(Signed) Systemic M.D.
20 FILED ILL LATION D. May Ju	Registrar. (Address) Sulstan, West
If more blanks are whiled adds as	

STATE OF MARYLAND-CERTIFICATE OF DEATH

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9.—The industry or business in which the work was done.

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11.—The number of years the deceased followed the occupation.

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Example I		Example II			
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset		
Arteriosclerosis	1915	Attack of epilepsy	1 week ago		
Chronic interstitial nephritis	1921	Run over by street car	1 week ago		
Cercbral hemorrhage	July 5,1927	Peritonitis	3 days ago		
BUDFAULV S.					
Other contributory causes of importance:		Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis	1 year		

-WRITE

S. No. 1

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UNFADING INK-THIS IS A PERMANENT RECORD. Every item of	supplied. AGE should be stated EXACTLY. PHYSICIANS should	n terms, so that it may be properly classified. Exact statement of OC	pe instructions on back of certificate.
ZK	sho	itı	2
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NG	AC	th	ion
DI	Ti.	S.	110
FA	lie	ms	str
P	ddn	ter	911
700	100	-	d

STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH County___/ Registration Dist. No. Village or City No. St.,

(If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in city or town where death occurred How long In U.S. if of foreign birth?______yrs._____mos.____ds. (a) Residence: No. (Usual place of abode If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 21. DATE OF DEATH 5. SINGLE, MARRIED, WIDOWED. OR DIVORCED (write the word) 5a. If married, widowed, or divorced HUSBANO of HEREBY CERTIFY. That I attended deceased from (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 7. AGE Months Days If LESS than to have occurred on the date stated ebove, at I day, ---- hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance ormin. Date of onset 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc 9. Industry or business in which work was done, as SILK MILL. SAW MILL, BANK, etc 10. Oate deceased last worked at 11. Total time (years) this occupation (month and spent in this occupation ... 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) _____ [ellar] Name of operation (State or country) What test confirmed diagnosis?_____ Was there an autopsy?____ 15. MAIOEN NAME 23. If death was due to external causes (VIOL ENCE) fill in elso the following: 16. BIRTHPLACE (city or town)_ (State or country) Where did injury occur? ___. (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 17. INFORMANT _ (Address) 18. BURIAL, CREMATION, OF REMOVAL Manner of injury _Oate__ Nature of Injury 24. Was disease or injury in any way related to occupetion of deceesed 19. UNOERTAKER (Address) If so, specify

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

(Signed)

(Address) ____

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
ture Million			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR I	FURTHER	STATEMENTS	BY	PHYSICIAN

TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH			———(46)
County Wicomiso.			Registration Dist. No. 333
Village or City Near Sa	listur	<i>y.</i>	No. St., Ward I death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where de	ath occurred 18		in death occurred the hospital of matching, give its IVALVE instead of street and number) ids. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME & crare	C. Qua	10	
(a) Residence: No. Lulist	9.3.2.1	mid	St Ward.
(a) nesidence, No J	(Usual place of	abode)	If nonresident give city or town and State
PERSONAL AND STATISTIC	CAL PARTIC	ULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIE OR DIVORCED (21. DATE OF DEATH Fels. 4 6 a.m.
5a. If married, widowed, or divorced HUSBAND of	· ·	100	(Month) (Day) (Year)
(or) WIFE of Mrss. Centre	ice Ry	all.	1 HEREBY CERTIFY That I attended decaased from
6. DATE OF BIRTH (month, day, and year)	ct. 13	1890	Tist saw he aliva on The 4, 1994, daath is seid
7. AGE Yaars Months	Days	If LESS than	to heve occurred on the date stated ebove, at
43 3	7//	I dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importence were as follows:
8. Trade, profassion, or particular kind of work done, as SPINNER,		,	Date of onset
SAWYER, BOOKKEEPER, etc.	armer		Descussion (leege 620
kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc 10. Data dacaased last workad et			intertions pour
3 SAW MILL, BANK, atc	11. Total time	(veare)	U
o this occupetion (month and year)	spant i	n this	
an Division discon (one) of towns, gr	nico (20:	Other Contributory Causes of Importance:
(State or country)	mar	reflasion.	
13. NAME HOLLY W. A. 14. BIRTHPLACE (city or town) W. S.	yall.	1	
14. BIRTHPLACE (city or town)	Jonnico	Co.	Neme of operation Date of
(State of country)	maryla	and.	What tast confirmed diagnosis?
15. MAIDEN NAME Theodox 16. BIRTHPLACE (city or town) (State or country)	ua Cha	Tham.	23. If daath was due to external causes (VIOLENCE) fill in also the following:
[16. BIRTHPLACE (city or town)	Moam		Accident, suicida, or homicide? Date of injury, 19
(Stete or country)	mari	gland.	Whare did injury occur?
17. INFORMANT Sheatfill &	Tolmo	on co.	(Specify city or town, county and State) Specify whethar injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Salisby	wil	md,	••••••
18. BURIAL, CREMATION, OR REMOVAL	P.M.	2P.M.	Mennar of injury
Place Sarsons	_Dato Jak	0 19.84	Neture of Injury
19. UNDERTAKER 10 Hill of Address) Salisburg	forma	on co.	24. Was diseasa or injury in any way ralated to occupation of deceased?
20. FILED Jel. 6, 1934	May?	humer Registrar.	(Signed Acades M. D. (Addrass) Acades M. D.
If more bl	anks are needed, add	ress State Registrar,	2411 N. Charles Street, Balsimore, Requesting U. S. No. 1.

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Example I

The principal cause of death and related causes | Date of onset | The principal cause of death and related causes | Date of onset | The principal cause of death and related causes | Date of onset | The principal cause of death and related causes | Date of onset | The principal cause of death and related causes | Date of onset | The principal cause of death and related causes | Date of onset | Date of

The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 weck ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

infor- state JPA.	STATE OF MARYLAND—	-CERTIFICATE OF DEATH
	1. PLACE OF DEATH	93-
	County Mionico	Registration Dist. No. 333
	Village or City Pruilland	No. St 16 War
		If death occurred in a hospital or institution, give its NAME instead of street and number)
Every CIANS tement	h 11. 10. (1)	sds. How long in U.S. if of foreign birth?yrsds
E E	2. FULL NAME Sullan fitn fry	all
CORD. PHYSI et stat	(a) Residence: No. / Mull And May	/ St. /6 Ward.
CORD. Ever. PHYSICIAN	PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
RECC PExact	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
E A	Male) - Itale) OR DIVORCED (write the word)	Jel. 12 193 L
DING ANEN A C T I		(Month) (Day) (Year)
BINDIN ERMANI EXACT y classific	5a. If marriad, widowad or divorced HUSBAND of (or) WIFE of Amelia) A Ruall)	22. HEREBY CERTIEY, That attended decaasad from
Cla KM	They by veel	Jet 7 ,154, 10 Pet 1 2, 1934
FOR By IS A PE stated E properly certificate	7. AGE Years Months Days If IESS than	t last saw h alive on Ref
FOR B IS A PE stated F properly ertificate	7. AGE Years Months Days If LESS than 1 day,hrs.	to heve occurred on the date stated above, at
F(IS sta pro	8. Trada, profession/or particular	ware as follows:
- 10	kind of work done, as SPINNER, Sawyer, Bookkeeper, etc.	tiglen and to
RVE C—TH ould may back	9. Industry or business in which	0
ERV]	work was done, as SILK MILL, SAW MILL, BANK, etc	
Si H M to	Spell (III (IIIS (0)) Car)	A
RES NG I AGE that	year) occupation	Other Cantributary Causes of Importence:
N DIN	12. BIRTHPLACE (city or town)	Clans myrandti 193
ARGIN RE NFADING pplied. AGI erms, so tha	(Stata or country)	
	13. NAME The Stillian Kyall 14. BIRTHPLACE (city or town) - M.	
T -= 70	Y 14. BIRTHP(ACE (city or town) - Mull 13	Name of operation Deta of
X, WITH carefully CH in pla		What test confirmed diagnosis? Was there an autopsy?
INLY, W be carefu EATH in j	15. MAIDEN NAME AND BROWN 16. BIRTHPLACE (city or town)	23. If daeth was dua to axternal causas (VIOL ENCE) fill in also tha following:
INLY, be can EATH import	O 16. BIRTHPLACE (city or town) (State or country)	Accidant, suicide, or homicide?
INLY be ca EATH impor	mis 13 12 Masso)	Whare did injury occur? (Specify city or town, county and State)
PLA hould OF DI	17. INFORMANT (Addrass) And All Allawas	Specify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
	18. BURIAL, CREMATION, OR REMOVAL	Menner of injury
ITE on SE SE	Place Muller of Man Date 7/14/34 19	
-WRITE mation s CAUSE TION is	The Willa Mala 16	Nature of Injury
TEOR	19. UNDERTAKER A GALLA CO. (Addiess)	24. Was disease or injury in any way ralated to occupation of deceased?
B. No.	14 14 14 (11 M)	(Signad) Weve M. O.
» z	20. FILED 20. 1, 1997 Programmer Registrar.	(Address)
(1)		2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I Example II The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Attack of epilepsy Arteriosclerosis 1915 1 weck ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones Gastroenteritis May 1.1923 1 year

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Example I		Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenleritis	1 year

ADDITIONAL SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate.

Exact statement of OCCUPA-

STATE OF MARYLAND—	CERTIFICATE OF DEATH 019	95
1. PLACE OF DEATH	(3)	
County Comment	Registration Dist. No.	32
Village or City Salisbury	2100415	9. Ward
vinage of city service and the city of the city service of the cit	NO. 7 Juffur all St, death occurred in a hospital of institution, give its NAME instead of street and if	umber)
Length of residence in city or town where death occurred 22 yrsmos.	ds. How long In U.S. if of foreign birth?yrsmo	sds.
2. FULL NAME Lynns & Smith		
(a) Residence: No. 309 Fitzwater St.	St., 9 Ward.	
(Usual place of abode)	If nonresident give city or town and	State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Wale Use of the word)	21. DATE OF DEATH Full 10 9.301	9/M, 1934
5e. If merried, widowed, or divorged	(Month) (Day)	(Teer)
HUSBANO of Jama J. Sasille	22. HEREBY CERTIFY, That I ettended of	leceased from
6. DATE OF BIRTH (month, day, and year) 20. 30 1847	I last sew h Milive on Fel 10 3, 1994	; deeth is said
7. AGE Years Months Days If LESS than	to have occurred on the dete steted above, et. 4.300 m.	
86 1 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of Importence were as follows:	Oate of onset
Z 8 Trade, profession, or particular OP OP OF		Uate or onset
kind of work done, es SPINNER, Shipe arkenter	Un mycatherio	kus
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc. 10. Oate deceased last worked et this occupation (month and	-16	
SAW MILL, BANK, etc	Chr Wegling by	m
this occupation (month and Tyears) spent in this occupation occupation		
Cliloppas	Other Contributory Causes of importence:	
12. BIRTHPLACE (city or town) (Stete or country) Wilsomers Co. Mis		
13. NAME LIDERS & METHY		
11 -1 -1 -1	ho	
14. BIRTHPLACE (city or town) / Walt Dustani (Stete or country) . Maruland	Name of operation Date of	
œ l	Whet test confirmed diegnosis? Wes there an at	
I	23. If death was due to external causes (VIOL ENCE) fill in elso the following:	
16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Date of injury Date of injury	, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Salley Me Tready (Address) Salgebury Maryland	Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLA	CE.
18. BURIAL, CREMATION, OR REMOVAL	Menner of injury	
Plece Larsans Usm Date 7 llg 12, 1934	Neture of injury	
19. UNDERTAKER Sulfill of tolmson of (Addiess) Salusbury and	24. Wes disease or injury In any wey releted to occupetion of deceesed?	
20. FILEO Fiel 12, 19 34 V. May Turner Registrar.	(Signed) M-Must Sala	Shusy

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example II

927	Attack of epilepsy Run over by street car Peritonitis	1 week ago 1 week ago 3 days ago
927	Peritonitis	3 days ago
		1 10 10
	Other contributory causes of importance:	
923	Gastroenteritis	1 year
	1923	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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Registrar.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No.

(Addrass)

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Example II

Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:

STATE OF MARYLAND—CERTIFICATE OF DEATH	01997

1. PLACE OF DEATH	1-600
County Manticore, Wilgrans	Grandy Registration Dist. No. 337,
Village or City Manticipe of 9	No. St., Ward
	f death occurred in a horpital or institution, give its NAME instead of street and number) sds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Malhandhermas	
(a) Residence: No. Hunting RE (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married Married	21. DATE OF DEATH 2 - 1 4 ,193 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Viola Zhomas	22. J. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) May 12 1879	I lest saw h alive on 2 - / 4 193 (/ -; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
54 3 2 I day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importence were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spant in this occupation.	Constant performance:
12. BIRTHPLACE (city or town) Amusical file (State or country)	
13. NAME John Thomas,	
13. NAME John Thomas, 14. BIRTHPLACE (city or town) - Tankinske	Name of operation Date of
(State of Country)	What test confirmed diagnosis? Was there an au'opsy?
15. MAIDEN NAME Lidia January 16. BIRTHPLACE (city or town) Adjustica Registre or country) 17. INFORMANT	23. If death was due to external causes (VIOLENCE) fill in elso the following: Accident, suicide, or homicide?
(Address) Manticake Ad	
Place Maintinual Med Date Feb. 16., 1934	Manner of injury
19. UNDERTAKER Offis till Messick Vidense (Address) Disafra alle	24. Was disease or injury in any way related to occupation of deceased?
20. FILED Fel. 6., 1934 P. Woolford Walt	(Signed) Oller July M. D.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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Example I		Example II	
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Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephralis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
To so gr day	>		
Other contributory causes of importante;		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPAC	E FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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II

DEATH

OF

CAUSE

V. S. No. 1

that

1. PLACE OF DEATH County Registration Dist. No. Village or City (If death occurred in a hospital or institution, give its NAME instead of street and number) How long in U.S. If of foreign birth? _____vrs. ____mos. ____ds. Length of residence in city or town where 2. FULL NAME (a) Residence: No. (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OF RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) (Month) (Day) (Year) 5a. If married, widowed, or divorced HUSBAND of CERTIFY, That I attended deceased from (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 7. AGE If LESS than to have occurred on the date stated above, at The PRINCIPAL CAUSE OF DEATH and related causes of Importance or____min. were as follows: Date of onset 8. Trade, profession, or particular kind of work done, as SPINNER. OCCUPATION SAWYER, BDDKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL SAW MILL, BANK, etc 10. Date deceased last worked at 11. Total time (years) spent in this this occupation (month and occupation. Other Contributory Causes of importance: 12. BIRTHPLACE (city or town (State or country) FATHER 13. NAME 14. BIRTHPLACE (city or town) (State or country) What test confirmed diagnosis?_____ Was there an autopsy?____ MOTHER 15. MAIDEN NAME 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?______ Date of injury______ 19___ 16. BIRTHPLACE (city or town) (State or country) Where did injury occur?_____ (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE 17. INFORMANT (Address) 18. BURIAL, CREMATION, DR REMOVAL Manner of injury Nature of injury_ 4. Was disease or injuly In any way-related to occupation of deceased? 19. UNDERTAKER (Address) If so, specify (Signed). (Address)

STATE OF MARYLAND—CERTIFICATE OF DEATH

If more blanks are needed, address State Registrar, 2421 N. Charles Street, Baltimore, Requesting V. S. No. 2.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE F	OR	FURTHER	STATEMENTS	\mathbf{BY}	PHYSICIAN
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STATE OF MARYLAND a	CERTIFICATE OF DEATH
1. PLACE OF DEATH . Dr. Tr	Min 2
County/Vilonice	Registration Dist. No. 333
Village or City Salutury Maryland	No. P.S. Hospatel St. 13 Ward
(11	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence In city or town where deeth occurred	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Blorge IV. Unte	ut 1-1 2 0
(a) Residence: No.232 Pine	St. 13 Ward Salutry Maryland
(Usual place of abode)	If nonresident give city of fown and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF BEATH
3. SEX 4. COLOR OF RACE 5. SINGLE, MARRIED, WIDOWED, OR O'GREED (write the word)	21. DATE OF DEATH FILE 25- 4
The Marie Marie	(Month) (Day) (Peer)
5a. If married, widowed, or divorced HUSBAND of	22. ALHEREBY CERTIFY. Thet Lattended deceased from
(or) MITTO Kefa 11. 1 m Euro	22. THEREBY CERTIFY, Thet I attended deceased from
6. DATE OF BIRTH (month, day, and yeer) Dec. 10, 1891	I last sew has alive on Fel 25, 193, deeth is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 1220 00
. 42 1 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trede, profession, or particular	were as follows: Date of onset
kind of work done, es SPINNER SAWYER, BODKKEEPER, etc. 9. Industry or business in which work was done, as SILK Mark SAW MILL, BANK, etc. 10. Date deceased last worked at this certain (control of the control of the	3/1/2
9. Industry or business in which 9.	Jeturo /2/3/
9. Industry or business in which work was done, as SILK My Ad. State Roads SAW MILL, BANK, etc.	
10. Date deceased last worked at this occupation (month and 1924 11. That time (yeers)	
year)	Dther Cantributery Causes of importance:
12. BIRTHPLACE City or town) Fund	1.00
(State or country)	now your feel /10/34
13. NAME	
14. BIRTHPLACE (city or town) hear share one (State or country)	Name of operation Date of
(State of Country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME May E. J Hill	23. If deeth was due to external ceuses (ViOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Quesdar Dete of Injury 10 1931
E (State or country)	Where did Injury occur? Dalis by mil
17. INFORMAN Mes. Reta R. nicent	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
(Address) 232 Pine at Satisfy Mil.	Thome Y al world.
18. BURIAL, CREMATION, DR REMOVALO	Manner of injury mail zar shoe
Place with com Date Tet. of 1934	Nature of Injury mail would of heel
10 HADERTAKER Hollowas + Cy. 1	24. Was disease or injury in any wey related to occupation of deceased?
19. UNDERTAKER / Jahrley W. C.	If so, specify
10 27 34/ 4 may Time	(Signed) Hower K Mann
20. FILED : 19 1, 19 1, L. May Jumes Registrar.	(Address) Doni lay my
4	2411 N. Charles Street Baltimore Requesting T.) S. No.

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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	(1)	13	12	
- 11	12	11	13	
	Buch		17	

1. PLACE OF DEATH		2.4	04001
County Willowich	20	Registration Dis	t. No. 337
Village or City White	Haven	No.	St., Ward
Length of residence in city or town where d		death occurred in a horpital or institution, give its NAME in	The state of the s
	eath occurred _/_S/yrs,mos	ds. How long in U.S. if of foreign birth?	yrsmosas.
2. FULL NAME	ung Waine	gru	
(a) Residence: No.	(Usual place of abode)	St., Ward.	e city or town and State
PERSONAL AND STATISTI		MEDICAL CERTIFICATE C	
3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Feb	7/1 1024
5a. If married, widowed, or divorced	William	(Month)	(Day) (Year)
HUSBAND of Cor) WIFE of Williams	Wininiaht	22. JUHEREBY CERTIFY.	That attended deceased from
6. DATE OF BIRTH (month, day, and year)	1859 and of birt	liast saw h M aliva on FWV	, 193 ; death is said
7. AGE Years Months	Deys If LESS than	to have occurred on the date stated above, at 6.2.0	iz.m.
about 75	1 dey,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and releted causes of ware as follows:	,
Z B Trade, profassion, or perlicular	18 /		Date of onset
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.	Tome water	Culmonary Hus	sloge 2-27.
9. Industry or business in which work was done, as SILK MILL,	A.J	/ 1	
Wind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	11. Total time (years) spant in this		
year)	occupation	Other Contributury Causes of importance:	
12. BIRTHPLACE (city or town)	ile saven	f. f.	4
(State or country)	MA	fulmonary whereit	20 72
II 13. NAME GELLIUS of as	29	arterioris	10 4
13. NAME (Little of State of country)	tile Haven	Name of operation	Data of
(State of Country)	LL	What test confirmed diagnosis?	
15. MAIDEN NAME	// Mou	23. If death was due to external causes (VIOLENCE) fill in	also tha following:
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or counity)			of Injury, 19
- 1 (State of country)	///	Where did injury occur?(Specify city or tow	n, county and State)
17. INFORMANT William (Address)	Haven Ma	Specify whether injury occurred in INDUSTRY, in HOME,	, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	7-1-17	Mannar of injury	*********
Place WMML MUNEN	Data Oll 1, 1954	Natura of injury	1
19. UNDERTAKER MAS LESSING	such & Sous	24. Was disease or injury in any way related to open pation	n of deceased?
(Address) Siral	eesty	If so, specify	tiste Mils
20. FILED + 1.27 , 1934 OP. M	Los for Waller	(Signad)	y.D.
	Registrar.	(Address)	Nula

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	- 1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 wcek ago
Cerebral hemorrhage	July 5,1927	Perilonitis	3 days ago
BUDEAU YES	1		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—	CERTIFICATE OF DEATH 49009
1. PLACE OF DEATH	00000
County Mulanula	Registration Dist. No. 333
Village or City Raleslewry Ind	ND. Jan Jan Jan Jan Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos	
2. FULL NAME Parella 3 Walker	
(a) Residence: No. 7 10 Selection de Salisburg (Usual place of abode)	Y St., G Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write tho word)	21. DATE OF DEATH
Semale a.a. marila	(Month) (Day) , 193 (Yeer)
Je. If merried, widowed, or divorced HUSBAND of (or) WIFE of Wefe of James Waller	22. I HEREBY CERTIFY, That t ettended deceased from
6. DATE OF BIRTH (month, dey, end yeer) Lon 28 1895	I lest sew h alive on 7th 4 1934; death is seid
7. AGE Years Month's Deys If LESS than	to heve occurred on the date stated above, et
39 1 17 1 day, hrs. or min.	The PRINCIPAL CAUSE OF DEATH end releted causes of importence were as follows:
R Trede, profession, or perticular kind of work done, es SPINNER,	Dystra of frymence
SAWYER, BOOKKEEPER, etc.	///
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	
10. Date deceased lest worked at this occupetion (month end yeer) 11. Total time (yeers) about spant in this yeer) 12. 4.	<i>f</i>
12. BIRTHPLACE (city or town) Jackson ville	Dther Contributory Causes of importance:
(State or country) Thorida	German Junkemel
13. NAME George Brook	
13. NAME Glange Grack 14. BIRTHPLACE (city or own) falk somelle	Neme of operetion Column Such Dete of 7th 3 4
(State of country) Thanks.	Whet test confirmed diagnosis? Clunical Was there an europsy? 20
15. MAIDEN NAME Pasa Hackerson 16. BIRTHPLACE (city or town) falkson gelle	23. If death was due to externel ceuses (VIOL ENCE) fill In also the following:
5 16. BIRTHPLACE (city or town) falks on gelle	Accident, suicide, or homicide?
(Stete er country) (4 landa	Where did Injury occur? (Specify city or town, county and State)
17. INFORMANT Jords Waller (Address) Saleslein Ind	Specify whether injury occurred in INDUSTRY, IN HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, DR REMOVAL med The	Manner of Injury
Piece founder alm Date file 18, 1934	Neture of injury
19. UNDERTAKER Jos the Surant	24. Wes diseese or injury In any wey releted to occupation of deceesed?
(Address) Salisbury, Mg.	If so, specify
20. FILED Flet 19, 1937 & May Jurier, Registrar.	(Signed) M. D. (Address) M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronie interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
. HAR 7 1934			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ż

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Jo	plu	200	
item	sho) jo	
. Every	ICIANS	tement	
)RD	IYS	Sta	
REC	Y. PI	Exact	
-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	
PE	d E	rly	cate
IS A	state	prope	ertifi
HIS	be	be	of c
K-TI	plnous	t may	back
Z	E	at i	S OH
ING	AG	o th	tion
UNFAD	upplied.	terms, s	TION is very important. See instructions on back of certificate.
ITH	lly s	plain	Se
M	refu	ij.	tant
INLY,	be ca	EATH	impor
PLA	pinou)F D	very
TE	n sh	E C	is
-WRI	matio	CAUS	TION

1. PLACE County 4

2. FULL N (a) Resid

5a. If marriad, wid HUSBAND of (or) WIFE of

6. DATE OF BIRTI 7. AGE

12. BIRTHPLACE (State or co

> I3, NAME 14. BIRTHPLA (State

> 15. MAIDEN I

17. INFORMANT (Address

19. UNDERTAKER

(Address)

16. BIRTHPLACE (city or town) (State or country)

18. BURIAL, CREMATION, OR REMOVAL

SAWYI 9. Industry o work y SAW N 10. Date dece this oc yaar)

3. SEX

OCCUPATION

FATHER

MOTHER

STATE OF MARYLAND—	CERTIFICATE OF DEATH 12003
PLACE OF DEATH	100
County Milamila	Registration Dist. No. 333
Village or City Salialing	No Place Sula Leneral Hall Ward (death occurred in a horpital or institution, give its NAME instead of street and number)
	de. How long in U. S. if of foreign birth?yrsmosds.
FULL NAME Inft Rana and Jomes	- Waller
(a) Residence: No. 1 & aleslung (1921).	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH) 1. 7
all a.a. Burgee	(Month) (Day) (Yaar)
marriad, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY. That I attanded deceased from
TE OF BIRTH (month, day, end year) Feb. 7, 1934	I last saw h. Amadire on Tith Jan 1935; death is said
Years Months Days If LESS than I day,hrs.	to heve occurred on the data stated above, at 102 m. The PRINCIPAL CAUSE OF DEATH and related causas of importance
8. Tredo, profassion, or particular	were as follows:
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, atc.	Allforn
9. Industry or businass in which work was done, es SILK MILL, SAW MILL, BANK, atc.	
O. Date deceased last worked et this occupation (month and spent in this	
year) occupation	Other Coutributory Causes of importance:
(State or country)	Still home
3. NAME James Waller	
4. BIRTHPLACE (city or town). Salen Cury	Nama of operation
(State or country)	What test confirmad diegnosis? Was there an autopsy?
5. MAIDEN NAME Sosettas Projes	23. If death was due to external causes (VIOLENCE) fill in also the following:

Registrar.

Accident, suicide, or homicide?

Where did injury occur?_____ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury Nature of injury

24. Wes disease or injury in any way related to occupation of daceased?

If so, specify

(Signed). (Addrass)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, eook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as earpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of eause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory eauses of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
BUREAU V. S.			

STATE OF MARYLAND	CERTIFICATE OF DEATH 020	104
1. PLACE OF DEATH Wull	are (48)	
County Victoria Es grand	Registration Dist. No. 33	3
Village or City January Mg.	No. Jackson St., /3	Ward
Length of residence in city or town where death occurredyrsmos.	death occurred in a hospital or institution, give its NAME instead of street and number that the long in U.S. if of foreign birth?yrsmos	
2. FULL NAME Bellie & White;		
(a) Residence: No. ackson st. Salufo	yst., 13 Ward.	
(Usual place of abode)	It nonresident give city or town and State	C
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCEO (write the word)	21. DATE OF DEATH (Month) (Day)	(Yar)
56. If merried, widowed, or divorced HUSBAND-OF (or) WIFE of	22. HEREBY CERTIFY, That I attended decea	ased from
	1920 to VIV	19 34
6. DATE OF BIRTH (month, dey, and year) by ally (e-/8)	hast saw h alive on; dea	ath Is said
7. AGE Years Months Oays If LESS than dayhrs.	to have occurred on the date stated above, at	
62 6 /6 ormin.	The PRINCIPAL CAUSE OF OEATH and related causes of importance were as follows:	te of onset
Trade, profession, or particular kind of work done, as SPINNER,	(A) AAA	re pi ousat
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date decease list worked at this occupants and SAW MILL, SAW MILL, SAW MILL, BANK, etc.	raine fra	
work was done, as SILK MILL, at Home		
10. Date decease (Ist, worked at 11. Intertime (years)		
this occupation with and 33 occupation		
Aleah Island	Other Contributory Causes of importance:	
12. BIRTHPLACE (city or town) (State or country)		
The state of the s		
E NO. Car Sola of		
(State or country)	Name of operation Oate of	
7 7 7	What test confirmed diagnosis? Was there an au'ops	sy?
15. MAIOEN NAME Formally a Transfer	23. If the ath was due to external causes (VIOLENCE) fill in also the following:	
o 16. BIRTHPLACE (city or town). Reals Island	Accident, suicide, or homicide?,	19
(State or country)	Where did injury occur? (Specify city or town, county and State)	
17. INFORMANT/Ma. tolich White John (Address) /40/. E. Church S. Jahr	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
18. BURIAL, CREMATION, OR REMOVAL 1	Manner of injury	
Place 124. 7 ,19.35	Nature of Injury	
19. UNOERTAKER Holloway & Co. (Address) Salushum Hausland	24. Was disease or injury in any way related to occupation of deceased?	
H. H. 14 .24 1 4 1 1	If so, specify	
20. FILEO Les 7, 19 97 W. May Sunter	(Signed) (Address) Children 722	M. 0.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of cmilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage .	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE	E FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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STATE OF MARYLAND-	CERTIFICATE OF DEATH	005
1. PLACE OF DEATH ,	9	
County Miconico	Registration Dist, No. 33	2
Village or Citylean Pittorille Md	No. St.	Ward
Length of residence in city or town where death occurred 2 yrs. 2 mos	f death occurred in a horpital or institution, give its NAME instead of street and s. Ads. How long in U.S. if of foreign birth?	number) osds.
2. FULL NAME Carlin Toucher	White	
(a) Residence: No. Mr. Pittsvill	St., Ward.	
(Usual place of abode)	If nonresident give city or town and	State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE OR DIVORCED (prite the word) Single	21. DATE OF DEATH (Month) (Day)	, 19 3 4
5a. If married, widowed, or divorced HUSBAND of		(1000)
(or) WIFE of	1 HEREBY CERTLEY That I attended	decoased from
6. DATE OF BIRTH (month, day, end year) Nov 23 1931	I last saw have alive on Tele N 10436	, 19.32.54
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, et 1.2' 3 3 na 24	death is said
2 2 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance	
Trade profession or particular	were as follows:	Date of onset
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. NOWLE	(Semiles Ruemana	2/10/2
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked et	V 93, 333	1013
10. Date deceased last worked et this occupation (month and year) compation	· · · · · · · · · · · · · · · · · · ·	
12. BIRTHPLACE (city or town) Hear Pitterille	Other Contributory Causes of importance;	
(State or country)	M	2/
13. NAME William White 14. BIRTHPLACE (city or town) Kear Pittville	1.000 - 4 Carge	1/34
14. BIRTHPLACE (city or town) Kear Pitterille	Name of operation Date of	1
(State or country)		
15. MAIDEN NAME Elsie, VII Description	What test confirmed diagnosis? Wes there en e	
15. MAIDEN NAME Choice M Denner 16. BIRTHPLACE (city or town) Willards	23. If death was due to external causes (VIOLENCE) fill in also the following	
(State or country)	Accident, suicide, or homicide? Date of Injury Where did injury occur?	, 19
Juc'll' Jal'r	(Specify city or town county and State	e)
17. INFORMANT William While (Address)	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	ACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury	
Place Jackson Cens Date Feb 17, 1934	Nature of injury	
19. UNDERTAKER When Hours of Wells (Address)	24. Was disease or injury in any way related to occupation of deceased?	
20. FILE TEV. 16, 134 fillian A. Davis	(Signed) Leader 7 Grown	M. D.
	(Admires)	a

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.
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	Example II		
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
1915	Attack of epilepsy	1 week ago	
1921	Run over by street car	1 weck ago	
July 5,1927	Peritonitis	3 days ago	
	Other contributory causes of importance:		
May 1,1923	Gastroenteritis	1 year	
	1915 1921 July 5,1927	The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:	

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

Exact statement of OCCUPA.

STATE OF MARYLAND—CERTIFICATE (OF	DEATH	02006
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1	. PLACE OF				
	County 10				Registration Dist. Np. 335
	Village or C	itySharp	town		No. St. Ward
				yrsmo	f death occurred in a hospital or institution, give its NAME instead of street and number) sds. How long in U.S. If of foreign birth?yrsmosds.
2	FULL NA	ME Willia	m L.Wrig	ht	
1	(a) Residence	ce: No			St., Ward.
4	PERSON	AL AND STATIST	(Usual place		If nonresident give city or town and State
3.	SEX	4. COLOR OR RACE	1		MEDICAL CERTIFICATE OF DEATH
	Male	White	OR DIVORCE	RIED, WIDOWED, D (write the word) W C C	21. DATE OF DEATH (Month) (Day) (Vear)
5a.	If married, widows HUSBAND of (or) WIFE of	Mary A.W.	right		22. I HEREBY CERTIFY That I attended deceased from
6. 1	DATE OF BIRTH	month, day, end yeer)	Aug 5th	T856	1 last saw he walive on feet 3 184 death is said
	AGE Year		Days	If LESS than	to have occurred on the date stated above, at Lo
	7	7 6	30	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
NOI	kind of w	sion, or particular ork done, as SPINNER, BOOKKEEPER, etc	, 00	, vi	Were as follows: Gironic Valendar Durges Date of one et Courte Interestins Westernit
OCCUPATION	9. Industry or b work was SAW MILE	ousiness in which done, es SILK MILL, L, BANK, etc	Carpent	er	grade morale majore.
00	10. Date decease	d last worked at attention (month and	11. Total ti sper occu	me (yeers) nt in this pation	
12.	BIRTHPLACE (city (State or coun	y or town)	1		Dther Contributory Causes of Importance:
FATHER	13. NAME Le	vin #right			
	14. BIRTHPLACE (State or	(city or town)] country)	<u>Id</u>	****	Name of operation Date of What test confirmed diagnosis? Was there an autopsy?
MOTHER	15. MAIDEN NAN	ME Pattie W	richt.		23. If death was due to external causes (VIOLENCE) fill In also the following:
5	16. BIRTHPLACE	(city or town) d			Accident, suicide, or homicide? Date of Injury, 19
	(State or				Where did injury occur?(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
	(Address)	Sharntown			
18.	Place	ON, DR REMOVAL	Feb (6 I934 ,19	Manner of Injury
19.	UNDERTAKER (Address)	V?D.Graveno	or & Bro	md	24. Was disease or injury In any way related to occupation of deceased?
20.	FILED Fich.	/	mary E.	n	(Signed) V.J. Sychlewae M.D. (Address) A wystown ned.
		If more	blanks are needed, as	ddress State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	H	Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year